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ABSTRACT

The discussion of child neglect considers the following topics: derinition, prevalence, etiology, identification and case finding, sequelae, prevention, and treatment. The differences between child neglect and child abuse and between the legal and professional definitions of child neglect are pointed out, and an operational definition is provided. Prevalence statistics from various states are cited and problems of obtaining accurate statistics are noted. Etiology is examined in terms such as economic factors, cultural values and child caring, and parental pathology. Included in a section on identification and case finding are discussions of large scale organization for adequate casefinding and early warning signals. Among consequences of child neglect reviewed are physical, emotional, and cognitive effects. A section on prevention focuses on child advocacy programs for families at risk, birth control, and day care. Approaches to treatment described include social casework, placement, parent-child community programs, and mental health centers. (LS)

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CHILD NEGLECT
State of Knowledge

Final report to the Social and Rehabilitation Service, Community Services Administration

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CHILD NEGLECT

State of Knowledge

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Final report of a study prepared under
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Regional Institute of Social Welfare Research
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Athens, Georgia
July 31, 1974

INTRODUCTION

The aim of this project was to assess the state of knowledge of child neglect in this country. We undertook to survey what is known, or at least what is commonly accepted among experts, regarding the definition, prevalence, etiologies, possible preventions, and remedies for this social problem.

This document represents six months of effort in which staff were assembled and information gathered and integrated. It is hoped that subsequent published versions of our work will show the increments which time for reflection and further digestion will permit.

Integration was difficult because the body of information relevant to child neglect remains diffuse and inchoate. The Library of Congress, for example, has a subcategory for child abuse; no comparable recognition is accorded neglect. There seems to have been only one substantial review article published on this topic in recent years, the excellent but limited paper by Meier in 1964, to which recurrent references will be made. The texts by Kadushin (1974) and Costain (1972) have chapters dealing generally with protective service.

Consequently, it was necessary for us to decide the boundaries of relevance to this topic. We chose them so as to include a number of matters which very much impinged on child neglect, even if they were not previously subsumed under this heading, expecially in discussion of the sequellae of neglect and of its causes. Others may or may not accept these boundaries. There literally is no tradition.

In addition to the life experiences and other professional qualifications of the authors, the main source of data for the study was the published literature, including some unpublished documentation. We attempted to stay current and to include important articles emerging in print as writing was under way. Colleagues around the country, known or rumored to be au courant, were also contacted. Twenty of twenty-five replied to letters of inquiry The correspondence was helpful primarily in verifying how little, really, is under way in the form of innovative projects, with or without Federal funding.

Finally, we made personal contact with a number of experts directly engaged in the work. A conference was held in Atlanta on May 22 and 23, at which time a preliminary version of this report was held up for critical review. Present were Leontine Young,

Alfred J. Kahn, G. Lewis Penner, and Walter Leefman as invited consultants; other experts were Mildred Arnold, Virginia White Katherine Boling, Jerry White, and James Vaughn. We are grateful to them for their critiques and addenda, and trust this revision shows that their remarks did not fall on deaf ears. Other individual contacts too numerous to list also proved rewarding.

A further methodological caveat is very much in order. In our opinion, there is little that is known with any confidence about child neglect if ordinary scientific standards for credibility are applied. The same applies, evidently, to the several areas adjacent to this topic. Many papers are "think pieces," advancing ideas that are supplemented with illustrative case material. Often the "studies" cited are based on samples trivial in size and/or dubious as to representativeness. "All the cases seen at our hospital between Time 1 and Time 2" is, of course, a convenience sample. Issues of the reliability and validity of instruments are typically not even confronted. Findings of potentially great impact have seldom been picked up for serious replication. Without singling out particular studies for special criticism, we might add that our dubiousness extends to fields in

which we have no expertise; e.g., nutrition; neurology. There is hardly a study in this area that can be considered more than "pilot." A few achieve the status of being "diagnostic," meaning quantitative methods of data collection were used in a systematic search for promising hypotheses.

One could say, "Nothing is known about child neglect," but this is not literally true. Practice knowledge does exist, and it is better than no information at all. Although there is no intention here to support overconfidence in the face of ignorance, if policy decisions are to be made, it is better that they be founded on what we do have.

How then to present the data we had accumulated? Certainly, it would have been tortuous to qualify every assertion quoted, every summation offered. As a matter of convenience and readability, therefore, we wrote from the stance, "If we tentatively accept most of what we are being told, what then do we seem to know?" But, actually, nearly every "finding" presented must be regarded as, at most, a hypothesis warranting further investigation. Therefore, it is to be emphasized that child neglect is not one of the fields of which it can truthfully be said, "We already know all we need to; let s get on with action!"

THE DEFINITION OF NEGLECT

Neglect and Abuse

Child abuse and child neglect are closely linked in public thinking and in legislation. In the professional literature they are also often treated as one. As if speaking of the neglectful parent were not oversimplification enough, reference is made to the "abusive and neglectful" parent. When we recently wrote colleagues to inquire into stimulating new programs of work on child neglect, a surprising proportion offered descriptions of programs dealing with abuse. So the failure to discriminate the two is not limited to amateurs; a number of experts have treated the distinction loosely. (Bleiberg, 1965; Isaacs, 1972; Mulford, Cohen and Philbrick, 1967).

Some of those who group the conditions together have a conscious rationale for doing so. Vincent Fontana writes:

> Although we realized that it was useful, from the point of view of diagnosis and treatment, to be able to categorize the physical abuse as one thing and neglect as another, we felt that such a distinction was really of little value to the child in need of help....Any treatment by which a child's potential development is retarded or completely suppressed, by mental, emotional or physical suffering is maltreatment, whether it is negative (as in deprivation of emotional or material needs) or positive (as in verbal abuse or battering) (Fontana, 1973, p. 24)

We agree that the distinction would be of little help to the child in need of help, but then we are not proposing that this document be given to children. Fontana's concept of "maltreatment" strikes us as good for propaganda, but perhaps poor for clinical science.

A tenet of this report is that neglect and abuse are probably related but by no means identical. Unless we approach them as separable entities, there will be no way to determine whether they represent "a difference that makes a difference" for identification, treatment, and programmatic policy. Commonalities between the two should be demonstrated empirically, rather than presumed.

Abuse is by no means a univocal phenomenon, but it permits more concise definition than does neglect. The traditional preference of investigators for readily manageable problems may well be a major reason abuse has been the more popular object of study. Zalba (1966) labels as abuse cases wherein physical injury has been inflicted on a child by his parents or parent substitutes to the degree that life or health has been endangered. Gil states (1970; p. 6):

> Physical abuse of children is the intentional non-accidental use of physical force, or intentional, non-accidental acts of omission on the part of a parent or other caretaker interacting with a child in his care, aimed at hurting, injuring or destroying that child.

As its author remarks, this definition is fairly satisfying conceptually but operationally presents difficulties. How verify that an "act of omission" was intentional? No wonder someone as sophisticated as Court, writing on child-battering, treats the term as self-evident (1970; 1971).

A distinction of neglect from abuse, linking the conditions differentially to trends in the parents' personalities was given by Chesser in 1952, and cited by Zalba (1966 p. 5):

> There is a radical difference in character between cases of neglect and cases of cruelty to children... while neglect may be a form of cruelty, it is more often caused by or exaggerated by extreme poverty or ignorance. Cruelty on the other hand is more likely to be related to deep-seated characterological or psychological causes rooted in the childhood experiences of the abusing parent or parents, such as physical or mental cruelty inflicted on them by their parents.

The same somewhat uncritical differentiation has been carried forward by others, including so sophisticated a student as Kadushin (1974, p. 283): "Neglect appears to be a response to social stress....Abuse appears to be a response to psychological stress." In her seminal study, Wednesday's Children (1964) Young continued the search for differential diagnosis, separating the two phenomena. A generally accepted descriptive difference was well expressed by Giovannoni (1971) who associated abuse with acts of commission; neglect, with omission. Hence, neglect represents failure to perform parental duties including those of supervision, nurturance and protection. The form of nurturance that is expectable, or deemed essential, however, becomes a complicated question. The environment's impact, after all, is experienced as "stressful" only as it impinges on individual feelings. We shall discuss some of the complexities in assessing "inner" versus "outer" sources of neglectful behavior in the section on Etiology.

Legal vs Professional Definitions

The two professional groups thus far most concerned with neglect have been the legal authorities, that is the courts and other related officials, and social workers. Meier (1964)

has offered a provocative review of the two sorts of definitions used explicitly and implicitly by the two professional clusters. Discussing legal definitions, she observes as have others, that these vary markedly from state to state. (We understand an attempt to devise a model law covering abuse and neglect is under way as this is being written.)

Neglect laws vary, but any neglect law must embody these elements:

> (1) the definition of a child; (2) identification of the persons qualified to petition to the court who allege that a child is being neglected; (3) specification of the meaning of neglect; (4) description of the nature of the legal procedures to be followed and identification of the court of jurisdiction; and (5) a statement of the ways in which the court may dispose of the neglect petition before it.... (p. 156)

Meier goes on to describe elements commonly found in statutes of the individual states covering neglect,

> Similarly, the conditions that constitute neglect are variously defined, but rather characteristically the laws cite these circumstances: (1) inadequate physical care; (2) absence of or inadequate medical care (3) cruel or abusive treatment; (4) improper supervision; (5) exploitation of the child's earning capacity; (6) unlawfully keeping the child out of school; (7) exposing the child to criminal or immoral influence that endangers his morals... (p. 157)

Since both legislators and social workers are strongly influenced by community norms, she notes that it is not surprising to find their definitions of neglect have much in common. Sure enough, when one examines the attempt at a comprehensive definition made by the American Humane Association in 1966, the listing is very reminiscent. The child's physical, emotional and intellectual growth and welfare are presumed to be jeopardized by a wide range of conditions "...When, for

example, the child is: (1) malnourished, ill clad, dirty, without proper shelter or sleeping arrangements"...ranging to... "(8) exposed to unwholesome and demoralizing circumstances." (p. 25)

Meier goes on to cite the somewhat different view of neglect which social workers hold. One is the degree of inference involved in making a judgment. According to her, "Law cannot be concerned with causative factors or with predictions of future behavior." (p. 161) Hence, judges generally confine themselves to matters of clear and present danger, whereas social workers become concerned about what the child's future will bring if nothing is done about his circumstances. There are dangers involved if the law removes children on the basis of uncertain predictions of things to come. Yet, it is to be noted that the Supreme Court decision that unintegrated schools are, by definition, unequal was based on a very similar sort of prediction.

Certainly, the state of knowledge in our field does affect what is regarded as neglectful. Before there were rabies shots, nothing could be done for a youngster bitten by a rabid dog. Now that we have them, the failure to get prompt medical attention for such a child would no doubt be deemed neglectful. The same might be said about ensuring adequate protein in an infant's diet. Hence, a professional statement of what constitutes child neglect depends on the state of our knowledge of child development in all its facets. Continuing, Meier notes that social workers are more sensitized by training to concern about

"emotional neglect." She, herself, questions whether legislators ought enter that particular thicket, with its wide openness to interpretation by individual courts.

Finally, she notes that whereas the law is concerned with neglect as an entity, social work thinks of child care along a continuum, ranging from excellent, though adequate, to cause of grave concern, and finally neglectful. Although we literally had not come across her writing at the time we did our work, it is of interest that our own scale for measuring child caring follows just this idea. But, not only is child caring a continuum, it is a multiplex dimension. On the one hand children prove amazingly resilient; on the other, the nurturance of a child to his full potential requires the simultaneous meeting of needs in an astonishingly wide variety of areas, ranging from ensuring sheer survival to developing his cognitive abilities and capacity to love. Moreover, neglect is inevitably relative. The children of disorganized, "multi-problem" American families (see below) are nearly all better off than those now starving in Africa's drought countries.

For all these reasons, we have ourselves regarded attempts to define neglect conceptually as premature and scientifically presumptuous (Polansky, Borgman and DeSaix, 1972). However, the present assignment demands establishing boundaries. The following working definition is therefore offered

> Child neglect may be defined as a condition in which a caretaker responsible for the child either deliberately or by extraordinary inattentiveness permits the child to experience avoidable present suffering and/or fail to provide one or more of the ingredients generally deemed essential for developing a person's physical, intellectual and emotional capacities.

Implicit in this definition are the following: (a) That the "caretaker" may be a non-parental figure such as a social agency or even a community; (b) That the neglect need not be limited to consciously motivated behavior; (c) That as a matter of values, failure to alleviate avoidable discomfort is deemed neglectful even if it leaves no certain longterm damage; (d) We accept the state of knowledge will hopefully change, so that the best we can do is to make our definition in terms of what is definitely known in each era; (e) Hence, the concept is necessarily somewhat ambiguous; (f) Neglect, like abuse, may prove lethal (Giovannoni, 1971; Bullard, et al, 1967; Kromrower, 1964), and often does.

Our definition, then, represents a stand on a variety of related issues. It is in line with current social work thinking (Kadushin, 1974). Emphasis must be given to the fact that neglect is not defined in terms of intentional parental misfeasance. Conscious intention will often be hard to determine, especially among people living, themselves, in dreadful circumstances. The key issue according to parens patriae is the probable impact on the child, a point stressed by Goldstein, Freud and Solnit (1973). A similar stand with respect to the legal definition of child abuse has been taken by Newberger, et al (1973a; 1973b). We would also urge that legal definitions reflecting, as they always ought, the prevalent norms and values of the culture nevertheless not confine themselves to matters acknowledged even by the most backward elements of the society. For, there is a cultural lag, sometimes ruesome

and disturbing, between what has been recently discovered and its acceptance into law. Courts may appropriately lean on advanced, expert opinion and testimony.

The Operational Definition of Neglect

The working definition of neglect offered is arguable, as definitions always are, on semantic and conceptual grounds Since this is so, one might conclude that an operational definition would be totally impossible. But, this is not the way science typically moves forward. Very often, a concept is clarified both conceptually and operationally simultaneously, by a process of successive approximations to desired criteria Legal adjudication is one way to achieve an operational definition of neglect, but it is scientifically unsatisfactory for reasons already given, and to be further elaborated (see Prevalence, below). What kinds of professional measures exist?

Basically, there are two sources of data regarding the care a child is receiving: one can examine what a family is providing its child, or one can examine the child and draw conclusions from that. All methods of inferring adequacy of care are variations on these themes, including observations of the child's current condition; sequellae in the child; the child's own report; direct observation of child-caring parental reports of care given available amenities in the home; and parental character (Polansky, Borgman and DeSaix, 1972, pp. 31ff). An instrument relying on many of these sources, and long in use, is the Family Functioning Scales of Geismar and

his colleagues (1973). Developed originally for work on the multi-problem family, the scales depend heavily on interviews for basic data from which ratings are then made. Satisfactory reliabilities have been achieved, as well as evidence of construct validity. However, the scales are rather global ratings, and not specific to the measurement of neglect, as such.

The most relevant instrument yet in the literature appears to be our own Childhood Level of Living Scale (Polansky, Borgman and DeSaix, 1972), probably because it was developed out of a concern with children receiving care thought to be marginal or outright neglectful The idea for such a scale was adopted from work by the rural sociologists (e.g. Belcher, 1972), who were pushed to find ways of scaling families whose life style was at a level where ordinary measures of socio-economic status cease to discriminate. Our Scale (the CLL) is multiplex, including both numerous facets of basic physical care along with measures of "cognitive/emotional" nurturance. The CLL was designed to be used with families existing at or very near the poverty line in income. With income thus held constant, a number of meaningful relationships have been established, for example, between the CLL score and facets of the mother's personality--the parent on whom we chose to focus in our study of poor Appalachian families.

Others, by the way, have found that in research in rural areas, the family's level of living is by no means solely dependent on income. Belcher, Crader and Vazquez-Calcederra

(1973) have assessed the variance in level of living associated with other factors among a large group of families in Puerto Rico. "The greatest amount of variation is 'correlatively' explained by style of life, 40 per cent....Of particular significance is the relatively small amount of variation accounted for by the economic set alone...22 per cent." (p. 191) By life-style, they mean in this instance something they call the "middle-class syndrome" characterized by reading habits, numbers of persons able to drive in the family, and the like.

The CLL has shown many evidences of validity, face, construct, predictive and simultaneous. It is currently being subjected to item analyses on our computers at Georgia (Polansky and Pollane, in process). The internal consistency of the scale is very substantial, not only among items involving judgment and therefore susceptible to halo-effect, but also among many items that appear highly objective. Therefore, it is meaningful to refer to the Childhood Level of Living as a single, if complex, dimension. In the rural population observed, those children in the most dilapidated housing tended to have the less amount of attention to their needs for reliable affection and stimulation. The other advantage of the CLL is that it has proven useable by other personnel (e.g. AFDC workers) after very short periods of on-site training by our research personnel.

Hence, there is evidently no question that one can develop a scale for assessing child care on a continuum with many of

the characteristics deemed desirable in any research instrument. One puzzle still remains. Where should one set the cutting point? Below what score is a child to be considered "neglected"? In practice, the criterion for the rough scaling used in courts is set by cultural values. How might we supplement present procedures?

One way to do it would be to use the CLL on a large population. A limitation in it is that it was designed for children aged four or five, but much of it is relatively independent of age-of-the-child. From this greater population, one would then establish norms, as we do with any other instrument, including scores at various percentile levels. One might then use the percentile rank on the CLL as at least one important datum in appraising a child's environment, although even here we would still be reluctant to fix an automatic cut-off point without further experience. A scientifically more desirable method would be a discriminant-function analysis, using CIL score as the predictor variable. If research with a substantial sample of children enabled us to set the odds that, say, a child with a CLL score below "X" would become mentally ill, delinquent, retarded, or withdrawn, the field would then be in position to use the instrument with much greater confidence and impact. When the probability is twenty to one the child will be in difficulties, ceteris paribus, his fate is no longer a scientific curiosity but a moral and legal question.

There are other methods of assessing the level of care, including psychological testing of the child. The degrees of trustworthiness of these techniques are implied in the correlations reported in Roots of Futility (1972), where our research appears most completely. However, in all modesty (and we have much to be modest about) the CLL is the most promising instrument, involving minimal inferences, available at this time.

THE PREVALENCE OF NEGLECT

"How much of a problem is child neglect" One form of the requisite answer is quantitative. But what statistics do we require? For most social ills with an acute, detectable onset, the concern is with incidence. Neglect does not often fit the incidence model. More typically, it is a chronic state, woefully private and undetected until it becomes glaring or leads to some dramatic denouement. The more appropriate index, therefore, would be its prevalence.

The prevalence of neglect has been a mystery. There are no reliable figures for the nation as a whole. Several of us have formalized our belief in writing that official figures available lead to serious underestimates. The standard method in use is to count the number of complaints received, then to determine the number of different families involved and/or the number of children (for different complaints on the same family may involve different children). Next, we ask whether each complaint, or investigation, proved justified. These are reasonable steps toward counting the "number of justified complaints" but even they are not yet standardized. Will these procedures yield incidence or prevalence? Probably, the latter.

Figures on legally adjudicated neglect have to be gross underestimates of the problem. Nearly every agency, public or private, tries to help the family without court action. Those seen by a judge are a fraction of all families against

whom justifiable complaints have been made. (Kadushin, 1974, p. 264) Judges are appropriately cautious about affirming petitions to remove children for neglect for legal reasons (Melson, 1956; Mulford, 1956; Rosenheim, 1966; Wyegala, 1956; Rodham, 1973). Political considerations also occasionally enter in. "Parents vote but minor children do not and an unpopular decision on a neglect petition might cost a judge more votes than responsible removal of such youngsters would ever gain for him." (Polansky, Borgman and DeSaix, 1972, p. 30)

In surveying legislation and programs in the Southeast related to child abuse, Johnson (1970) documented the pitfalls in definition, manpower, and easy access by the public that lie between official agencies and reliable estimates of the extent of abuse. The same would apply to neglect. We have only recently begun to have laws requiring the reporting of abuse to a central registry--or indeed to anyone. Neglect lags behind. Lewis (1969) has also remarked that the occurrence of neglect is substantially underreported.

Using fragmentary data, we have in the past estimated the ratio of neglect to abuse at least as great as 10:1 (Polansky, Borgman and DeSaix, 1972, p. 25). Kadushin (1974) and others also underscore the probable numerical preponderance of neglect over abuse Of over 4700 cases referred to a private child protective agency in Massachusetts in 1972, only 14% involved abuse (Massachusetts SPCC, 1973).

For several years, the State of Florida has had perhaps the most advanced system in the country for the central

reporting of abuse and neglect (Fell, 1974). The system resulted from a 1971 change in the laws regarding child abuse, broadening its definition to include much that we know as neglect; also, responsibility was taken from the local juvenile courts and lodged with the state's Department of Health and Rehabilitation. The child abuse registry was set up in October, 1971. A WATS line was installed for receiving reports from anywhere in the state, and it has been manned round the clock, seven days a week. Also, an advertising firm was employed which did a tasteful and very effective job of placing radio and TV spot announcements, newspaper advertisements and billboards. In addition, there were several dramatic cases in the news at about that time, and the media mentioned the central reporting service with its WATS lines.

Prior to October 1971, there had been a central registry of sorts, for doctors to report cases of gross abuse to local juvenile courts. In the year preceding the new system, nineteen (i.e., 19) such reports were submitted to the central office. In the first eighteen months of the new program (i.e. through March 1973) 31,828 children had been reported "abused." However, when these figures were broken down according to specific "type of abuse" we found 6,783 children "unattended"; 8,362 "disorganized family life"; and so forth. After eliminating about 3500 cases whose nature we could not clarify from the tables available, we divided the total into abused vs. neglected. On this basis, we arrived at 21,635 neglected to 7,702 abused, a bit more than a 3:1 ratio, but a smaller disproportion than all previous estimates.

The number from one state is very large, when we consider that Gil (1970) tabulated about 6500 affirmed complaints for one year in the whole United States, a few years earlier. In Florida, by April 8, 1974, there had been a gross total of 63,315 complaints received (in a little more than 30 months). Each call received in Jacksonville is immediately relayed back to a social worker on call in the local county for immediate investigation. Between 60% and 63% of all calls prove justified, according to those in charge. There are surprisingly few spite calls, false alarms or nuisance calls; the vast bulk have a basis for being made. Heavy proportions of the calls come from the citizenry, from neighbors and relatives, as well as from schools and others. The medical profession continues to be low in reporting. But the message from Florida, with its former count of 19 cases of child abuse, is plain. A bit of organized case-finding enormously magnifies the vision of the number of youngsters in trouble in these United States.

We were curious also about current experiences in other parts of the country, and have other figures from a rural, and an urban, county in South Central New York (Couch 1974). New York now has required central reporting, including submitting forms at fixed intervals to demonstrate complaints have been followed up at the local level. (This multiplication of paperwork is presumably in the service of accountability, as always, and is resented by some workers.) New York also has a statewide WATS line, receipt of complaints 24 hours per

day, in a law that just went into effect in September, 1973. From then through December, in the county which includes Binghamton, 416 complaints were received on 1[illegible]8 different families. From experience, they estimate 90% of the complaints will be justified and about 20% of those will be taken to court. In this county, there is a staff of 2[illegible] supervisors and 5[illegible] caseworkers in protective services. Even a nearby rural county (Tioga) had 31 different families with justified complaints in a six month period after the new law. It will take a few years for us to clarify how great the volume will eventually prove to be in all of New York state alone.

Partly because of the nature of their reporting law, statistics from our own state, Georgia, are understood to be incomplete even with respect to child abuse--which was the only thing mandated for central registry reporting under the law until a new bill was passed in 1974. The state's consultant on protective services, Jerry White, told us that in the fiscal year ending June 30, 1973, 340 cases of abuse were reported. Of these, 70-75% will probably have proven confirmed after investigation, based on previous experience. His data show that 88 cases (26%) required court action to protect the child. There is no way to make a reliable estimate of the comparative prevalence of neglect; White would not be surprised if it ran "as high as 20,000 cases" (his figure) which would be a ratio to abuse of over 50:1 in our particular state. We would not be surprised, either.

Light (1973) has recently published a paper on "abused and neglected children" which is already becoming known. Using methods familiar to economists, he arrives at a number of conclusions. At one point, for example, he develops a probability model from which to estimate the incidence of child abuse. Substituting constants for unknowns in his model, constants which "appeared reasonable after an informal survey," (p. 565) he arrives at the estimate that '0.004 of all American families physically abuse a child" (p. 565) introducing another set of constants in his model yields the figure "0.01 of all American families" (p. 566) as a maximum. The upper bound estimate, in other words, is 25 times the "reasonable estimate." From such reasoning as this, and from data from New York State in which "neglect" means "severe neglect or sexual abuse" he arrives at an estimate of 465,000 "neglect and other maltreatment incidents' other than abuse, nationally (p. 567). One is reminded of Oscar Wilde's aphorism that statistics draw a straight line from an unwarranted assumption to a foregone conclusion. We may well hope that subsequent authors will not treat Light's estimates with more reverence than he does, himself.

Meanwhile, his observation that the "incidence" of abuse and neglect depends heavily on how concerted an effort is made by state agencies to enforce reporting certainly warrants attention. There are variations in the calculated rate as wild as 9.6 cases of abuse per 100,000 in New York as contrasted to 1.5 in New Jersey, although the two states are adjacent and in many respects very comparable. (p. 562)

As noted, Fontana (1973) is impatient with the distinction between abuse and neglect, and speaks of "maltreatment." He cites figures from Vincent De Francis of the American Humane Association that "10,000 children are severely battered every year, at least 50,000 to 75,000 are sexually abused, 100,000 are emotionally neglected, and another 100,000 are physically, morally, and educationally neglected." (p. 38) He estimates that at least 150 children die in New York City alone, as a result of maltreatment each year. (p. 39) In New York City, figures on maltreated children rose from 1,800 cases in 1969 to 3,000 in 1970, to 6,000 in 1971 and more than 10,000 in 1972. While recognizing that these soaring figures are partly due to the later inclusion of neglect as well as abuse in the statistics, Fontana believes the rise represents more than improved reportage. "I believe we are seeing an actual increase, and that the reported figures have not yet caught up with the facts." (p. 159) 'I cannot help but feel that the soaring statistics...are symptomatic of our violent, unhappy times;...of the increased stresses that are confronting all society and the crest of violence that seems to be engulfing the world." (p. 40) Social workers have had similar morbid observations about the state of our nation. "An off brown, fetid, psychological smog has descended on the America of our generation." (Polansky, 1973, p. 57) We should not be surprised to find a million children neglected in this country, at any one time.

Summing up, we see that the prevalence of child neglect is still really unknown. As with child abuse, the statistics collected about it will be influenced by such factors as how it is defined, professionally and legally, the laws passed by the various states requiring central reporting to facilitate collection of data, the success of state social service departments in encouraging officials, teachers, doctors, nurses and other interested citizens to initiate the "complaints" which eventuate in reporting. Even the convenience of the reporting form probably affects a state's final figures. It seems likely that insofar as prevalence statistics err, the error will be on the side of conservatism. Official figures are probably still a fraction of all that is occurring.

A minor additional question has been pursued: How does neglect compare with abuse, numerically? As we have seen, estimates of the ratio vary markedly, but even Florida shows a proportion of <u>at least</u> 3:1. Other estimates of the ratio put the preponderance of neglect higher, in most places. Should the figures available ever appear sufficiently valid to be regarded as useable social indices, we shall have an interesting further possibility. The ratio of neglect to abuse may actually vary from state to state, and not simply because of their systems of data-collection. With valid data it would make sense to ask whether such factors as per capita income, on the one hand, or crimes of violence against adult persons, on the other have systematic relationships with the rates, and ratios, of neglect and abuse.

ETIOLOGY

The etiology of each case of child neglect is to be sought in the forces that result in parents' giving care to their children that is less than adequate. There is controversy about the nature and loci of these forces. On the one hand, there are those so case-oriented that they believe there are as many etiologies as there are neglect situations, and so they offer no generalizations at all. Others object to the use of the term, etiology, since it is redolent of the "medical model" and implies individual weakness or dysfunction which they experience as fixing blame. With respect to child neglect, as to child abuse, there has been argument whether the parents ought be seen as victims or culprits. Such debates make good rhetoric, but they are inevitably simplistic and have little place in the serious search for ways to help the children and their families.

Actually, not a great deal is known about the "causes" of child neglect, which is not surprising in view of the other aspects of our ignorance that were documented above. What we have is a number of approaches to locating the causes, meta-theories rather than theories, with specific connections established in only a few instances. To us, it is likely that rather than locating a universal pattern underlying all instances of neglect, we shall eventually come up with a series of types, or syndromes, involving neglect. Rather than discussing etiology, we shall then be discussing etiologies. Meanwhile, the approaches advanced are to be taken seriously not as

universal answers but rather as representing particular forces thus far identified in at least some cases, under some circumstances.

We begin this compact review with explanations that are more or less sociological in emphasis. Thence, we shall move toward explanations of the causes of neglect couched in terms of intrapsychic differences and dynamics.

Economics

Kadushin (1974, p. 283) writes, "Neglect appears to be a response to social stress. More often than not, the neglectful mother has no husband, is living on a marginal income and in substandard housing, and is responsible for the care of an atypically large family of children." This is a fair statement of the point of view that neglectful parents are themselves victims of misfortune. Poverty is of course the predominant form of stress, and the failure to provide adequate economic underpinnings for each family rests in large measure on a selfishness which our system permits to go unbridled.

An apt image of the unenlightened egotism involved is to be found in a recent book by "Adam Smith," pseudonymous author of two recent bestsellers dealing with finance. Returning from a visit to the new Chevrolet plant in Lordstown, Ohio, Smith told an acquaintance about attitudes common among workers in this highly automated plant, ending with the shocker that the rate of heroin addiction in one unit was thought to be 14 percent of the work force. "Well," he said, "I haven't owned

an auto stock for years. But fourteen percent! Geez, who makes the needles?" (Smith, 1972, p. 233).

A number of students have justifiably doubted that even our welfare system is geared to reducing either poverty or its stressfulness. Piven and Cloward (1971) argue that public assistance operates to maintain a supply of cheap, disposable labor. In this vein, several of us have demonstrated that the standard of living of children on AFDC is even more barren than among others of the rural poor (Bonem and Reno, 1968; Polansky, DeSaix and Sharlin, 1971). Jeffers (1967) documented what life is like for women and their children in a poverty-level housing project in Washington, D.C. As the late comic, Joe E. Lewis used to say, "I've lived poor and I've lived rich. Rich is better." Child neglect is seen, then, as one resultant of the pervading stress poverty imposes.

Closer to our immediate concern are the few papers dealing with effects of abject family poverty on children. In a study of women committed to the New Jersey Reformatory for Women for child neglect, Schorr (1968) reported that at least half had been living in housing that was dangerous and really unfit for human occupancy. Hence, he concluded, economic need is still a powerful force in the collapse of families. Noting how many of the children of migratory workers are either illegally at work in the fields or else left locked in shacks all day, Bennett has called them "the most neglected children of America" (1968, p. 308). Reul (1974) has also dealt with

the dreadful living circumstances to which many children of migrant workers have been exposed, and the way they experience hunger (1973). Hers is one of the few writings dealing with the plight of many Indian children residing on reservations. From our own unsystematic observations, Indian children are other candidates for the unlovely title Bennett proposed.

The study by Giovannoni and Billingsley (1970) is well known. Assuming the effect of economic stress, as such, it goes beyond it to examine other factors often associated with poverty. On the basis of past histories, 186 low-income women were grouped into three categories of child caring: adequate; potentially neglectful; and neglectful. They were then interviewed, once, in depth to try to learn more about why some mothers were more prone to neglect than others in a group of whom all were low-income.

The interviews dealt with past and present life circumstances. Neglectful mothers were likely to have more children, to be without husbands, to have had recent marital problems, and to have even worse financial and other resources (e.g., no telephone, no watch) for child care. Isolated within their neighborhoods, they also received less emotional support from kin. On the other hand, social and familial backgrounds did not seem to differentiate the neglectful mothers from the other groups. Hence, the authors concluded neglect is more typically the product of currently experienced stress than of traits which have become part of the maternal personality because of her past life.

The conclusions of Giovannoni and Billingsley are in contrast to those of several others, who believe they have discerned a generation-to-generation cycle of neglect. The obvious, logical question to be raised is whether failure to locate effects of the mother's earlier life in one study is to be received as evidence that it is irrelevant to understanding her present state. Can one obtain reliable reporting about past life and familial background in a single interview, accomplished in one session? Why do the neglectful women find themselves with more children and no husbands? How did they make their ways into these hard lives? The same sort of questions must of course be raised with respect to Schorr's conclusions from the relationship between housing and neglect. And, further to complicate the logic, are reports, thus far anecdotal and impressionistic, that the rate of neglect is rising, now, in our affluent suburbs.

To paraphrase one of our consultants, it would seem conservative to assume that neglect becomes most likely when a person who is internally disorganized is confronted by circumstances which even rather competent adults would find hard to manage, i.e. when inner chaos is joined to external stress. The neglectful mother, for various personality reasons, is more prone to get into difficult situations. Once immersed in troubles, they exacerbate her sense of being overwhelmed. Rather than a linear relationship from poverty, to stress, to neglect, we visualize a "funnel of causality," as in systems

theory, in which past and present, internal and external forces play their parts (Polansky, Borgman and DeSaix, 1972, p. 212). Among the forces, those customarily labeled economic, and the deprivations associated with poverty certainly play a role. But the role is not simple and direct. If it were, all poor parents would also be neglectful--a proposition which is certainly not correct.

Cultural Values and Child Caring

The impact of cultural values on the treatment of children is of course very striking when we look beyond our own society to those very different. In the Hawaiian royal family, brother-sister marriages were the rule. The problem of defective issue from inbreeding was solved by relegating such infants to death by exposure, a custom followed also in ancient Greece. The British discovered a somewhat related practice in certain parts of rural India. Daughters were seen as economic liabilities since they required dowries, so female infanticide was common. Even today, there are villages in which male children outnumber female by 50%, a disproportion reinforced in part by neglecting adequate medical care for infant girls (Minturn and Hitchcock, 1966). There are two reasons for mentioning cultural influences as possibly operative in child neglect. First, there is an opinion--lay and informal rather than scientific, to be sure--that what some of us regard as neglect is, among the poor or the lower classes, "the way we live" and socially accepted. The second

occasion for examining culture comes from the observation that whether or not there are whole social groups with very low standards for child caring, there definitely appear to be extended families in which the child rearing values border on neglectful.

Theories regarding the impact of the culture of poverty take the following general form. Acting through the family, culture molds the personality; the modal personality, in turn, determines the culture's institutions and values; significant institutions affect child rearing practices and these, in turn, help to establish the average-expectable personality in the next generation. A few writers have focused on a "culture," seemingly stable across successive generations, that characterizes life among the poor in the United States. To Walter Miller (1965) the focal concerns of lower-class culture are trouble; toughness; smartness; excitement; fate; and autonomy. "Many lower-class individuals feel that their lives are subject to a set of forces over which they have relatively little control." (p. 155) Battle and Rotter (1963) have shown "external control of reinforcements" to be more commonly experienced among lower-class children than middle-class; Polansky (1969) reported a similar difference on "felt powerlessness." (See also Hollingshead, 1964 and Besner, 1963.) Komarovsky (1969) held that in the lower-lower class there is no plan or rationale for child rearing other than an inconsistent attempt to keep the children under minimal control. Hence,

one might argue that, in addition to its obvious privations, growing up in poverty leaves youngsters with values, indeed character structures, less useful from competing in our social order. When they in turn become parents, they are ill-equipped to provide materially for their children; they are also ill-equipped to help them internalize controls.

This is an attractively complex explanation, but it has a serious flaw. By most standards, only a small proportion of the poor really neglect their children. We know of no culture in which one earns a medal for child neglect, for abandoning one's children, or other like behavior. Since this is so, it seems appropriate to regard the "culture of poverty" as a condition which lays a trap for a whole class of people, but which ensnares only a small minority. This has been true until now. It is becoming harder to predict what will happen in the "behavior sinks" of our cities.

On the other hand, there do appear to be sub-groups, pockets of people, isolated extended families about whom we do have the strong impression that something like a cultural explanation is applicable. That is, there are couples who seem to lack meaningful standards for how one's children ought be treated. And their histories, when known, often reveal they were reared in similarly child-anomic families, themselves.

Interestingly enough, there is a literature on class-related differences in child rearing practices and beliefs, but it does not really tap issues approaching neglect.

Studies of the age of toilet-training or weaning do not raise the kinds of questions that concern us: e.g. Does the mother strongly believe children should be fed prepared meals without fail? In one study of women identified as neglectful, we found that they gave socially acceptable answers to such questions, but their observed practices were wildly out of line with what they professed. (Polansky, Borgman and DeSaix, 1972)

There is no adequate methodology as yet developed for the systematic study of cultural values about child-caring at the basic level that concerns us. Practically all the data are based on self-reports, or are anecdotal or fragmentary. The research technology appears to be well within behavioral science capability, but it simply has not been developed.

We may soon be badly in need of such studies. Values about essential ingredients of child-caring taken for granted by the bulk of our society for the past two or three generations, at least, are turning up missing. Nor are the poor the only elements of the population for whom this is true. Some experts have the impression there is now more neglect in middle-class families from the affluent suburbs than heretofore. Children are left alone at relatively young ages while their parents go out of town; many are left for long periods unsupervised; others turn up at school unkempt or inappropriately dressed for the weather. Often,

such instances are associated with parental alcoholism but sometimes they reflect a more pervasive trend to abdicate parental responsibility in favor of parental gratification. In a permanent youth culture, doing the parental bit makes one a liability for fun and games.

Breakdown of the Nuclear Family

The nuclear family is not what it used to be; the odds are that it never was. At what point in history has the married couple and its children, standing relatively alone against the world, been asked to undergo the levels of stress some of ours face? Even frontier families travelled and settled in groups; emphasized neighborliness; clung to the extended family for protection. One line of explanation for the possible rise in the prevalence of neglect (if there is one) is that the nuclear family is collapsing under a load it was not designed by nature to carry

In this theory, the modern version of the nuclear family is a unique and rather dysfunctional emergent from the industrial revolution. Drawing on the traditions of Sorokin, Louis Wirth and Thomas and Znaniecki, Slater (1970) argues that basic human desires for community, for engagement and dependence are frustrated by the American life-style. "One can no longer as in the past take refuge in institutions such as the extended family and stable local neighborhood." (p. 5)

Other writers, such as Parsons and Bales (1955) have

called attention to the increased vulnerability of the family in times of rapid social change. Effects are thought to fall most heavily on the urban poor (Raab and Selznick, 1959). Hence, the apparent similarities of neglectful families as we observed them in rural Appalachia to those found in cities has theoretical as well as practical implications. The degree of role differentiation between the sexes was becoming even greater (at least when these statements were composed) according to Rainwater (1969); also, conjugal pairs were thought to be increasingly thrown on each other in their joint isolation. Roach (1969) went so far as to suggest the poor are too isolated even to transmit group values, much less a "culture of poverty," but this is an extreme position applying perhaps only to the most disorganized segments of the lower class. We have also evidence that working class couples communicate less with each other than do middle class. Hence, the pressure on the woman in her maternal role in a very poor family becomes greatest of all. (Morris, 1969)

If one is looking for universal trends, the literature is filled with contradictory statements and analyses at cross purposes. There is, for example, a body of opinion that, with such conveniences as telephones and automobiles extended families are more in communication than they have ever been. Hence, the statement that nuclear families are overloaded with functions and more isolated than ever before and therefore neglectful is controversial. It is controversial if we presume the neglect reflects a universal trend

It is less controversial, however, if we confine our attention to the neglectful family, as such. Many have noted that neglectful families are often isolated, either lacking an extended family, or rejected by it, or withdrawn from it. Evans, Reinhart and Succop (1972) studied 40 children with the "failure to thrive" syndrome. Among the features widespread in the group of cases they note that both parents seemed lonely, with few social contacts or recreational outlets; none had support from families of origin. Fathers in these families were also seen as offering the mothers little emotional sustenance in times of need.

Hence, several features recur in reports on neglectful families; they are said to be out of communication with other comparable families in their locales; they are said to be isolated, also, with respect to receiving emotional and practical support from their extended families; and they are described as breaking down, meaning that lines of communication, assurances of security, and practical competences are all scarce commodities. In a general way, there are two popular lines of explanation for what has been observed, or at least presumed. There is the sociological explanation, to which we have alluded; and there are psychological explanations, in the sense that the familial collapse is seen as secondary to the personality problems of the parents. That the two modes of thinking are insufficiently in relationship to be placed in juxtaposition has had no deterrence to their use as vehicles of argument.

Parental Pathology

To those directly engaged in work with neglectful families, the most immediately visible cause of their problems lies in the personality difficulties and lacks in the parents. Yet, when one tries to generalize about what these difficulties are, he is likely to be overwhelmed, especially if he is grounded in clinical work. Calling all these diverse people "neglectful," as if that provided a diagnosis, is simply incredible. Therefore, one looks for a listing of diagnostic types, hopefully with some attention to which are most prevalent among parents labelled neglectful. The literature on neglect, such as it is today, offers very little help.

Indeed, we have found only one reference in which there was an attempt to identify the personality types most prevalent in neglect situations, and it was our own. (Polansky, DeSaix and Sharlin, 1972) And our listing is unsatisfactory on two grounds: first, it is based on an examination only of the mothers' personalities; second, it is incomplete, even in listing maternal problems. A psychiatrically oriented team could make a contribution simply by staffing a substantial group of women implicated in neglect and venturing diagnoses and estimates of prevalence on better grounds than we did!

It hardly seems worthwhile to recount the etiologies of all the clinical types we, ourselves, were able to identify.

Some mothers are neglectful because of their own severe mental retardation. (Pavenstedt, 1973) We have been told that the main reason they do not constitute even more of a social problem is that severe retardation is so often associated with other anomalies that cause infertility and/or make mating unlikely. Yet, moderately retarded people often become parents. (Henshel, 1972) There is, naturally, an enormous literature on the etiologies of retardation in which its connection to child neglect would seem rather coincidental. Some mothers are schizophrenic, and their neglect comes from massively distorted visions of the world or from massive withdrawal. There are more theories than agreements about the causes of schizophrenia. Larger in numbers than the ambulatory schizophrenics are the women who exist in borderline states only occasionally obviously psychotic. Since they are often able to pull themselves together in the face of external pressure, the psychiatric reasons for their odd, even weird styles of child rearing may escape the unsophisticated observer, especially if he places a higher value on new freedoms than on trying to imagine how life must be like for the child involved. It cannot be said that the cause of borderline states is well understood.

Many women, for completely understandable reasons, live in a chronic state of depression. In a proportion of such cases, as one of our colleagues, John Patton commented, child neglect is secondary to the self neglect which so

often accompanies depression. The depression may be genetic in origin--which is to recognize the body of opinion that endogenous depressions are biochemical and hereditary. Or it may be chronic because of events in the mother's own childhood (e.g., neglect by her own mother). In other instances, the depression is thought to be exogenous and with a definable onset, such as desertion by a husband or lover, or death of a parent. There are literatures on the etiologies of depression and of depressive characters which do not require insertion here, even if we were competent to abstract them. The important thing to note is that there are such conditions among mothers (and fathers) who neglect their children, but the "state of the art" is such that we have no idea in what proportion of cases well-defined depressions are present.

Our comments have been about pathological conditions in mothers because our own research was on maternal personality as a determinant of level of child care. Similar listings can, and should, be made of paternal pathologies leading to neglect, as well. Although their role in direct child care in the lower socioeconomic group, certainly, is less than the mothers', the problems they create for their families, and their <u>failures</u> to support the child caring processes also operate causally in neglect situations. Fathers who are retarded, or alcoholic, or psychotic, or sociopathic, or severely phobic, or senile, or generally

inadequate are among the types frequently mentioned in connection with neglect. Once again, however, there has been no delineation of types of psychiatric disability. Without such listings, programs for individual treatment and the setting of social policy stand on shaky ground!

Is there a large group of people who are "essentially normal" in most respects, but who are particularly crippled in their parenting? In other words, do we find persons whose neuroses, mild in most respects, have severely invalied attitudes toward their children? To our knowledge, we are the only group to have raised this particular question, crucial as it is for planning treatment. From our study of poor families in rural Appalachia, we concluded that we could not have found some of the relationships existing among <u>structural</u> personality variables unless neglect usually tends to be part of a more pervasive pattern, a character neurosis or disorder. (Polansky, Borgman and DeSaix, 1972) This question warrants further study, however, because each of us in clinical practice has encountered clients who were competent, likeable and substantial people who were nevertheless so engrossed in conflict with their own parents they would have been poor risks for parenthood.

Just as there still is no professional typology of neglecting parents, or even of neglecting mothers, there has been no systematic synthesis of the <u>dynamics</u> accompanying neglect and marginal child care. Such listings are of

interest for purposes of theoretica integration, of course; they are also of tremendous help to practitioners because they say, "Here are some constellat ons of motivation and emotion, mostly unconscious, which you may be dealing with. One or more may fit the person with whom you are working." What are some speculations to date?

In their study of 15 "failure-to-thrive" infants, Barbero, Morris and Redford (1963) comment on the maternal response to the infant. New mothers who already have deprecatory self-images perceive their babies as critical judges of their mothering capabilities, thereby blending the baby into pre-existing bad-mother imagery. Feeling thus threatened, they are unable to meet the neonate's physical and emotional needs. As a result, the babies show infantile depressions resembling the mirasmus reported by Spitz (1945). They also report a tendency to identify in the baby traits in his father which are disliked.

Incidentally, it must be mentioned that a number of investigators have noted a relationship between the failure-to-thrive maternal syndrome and that found in child battering (Koel, 1969; Bullard, et al., 1967; Barbero and Shaheen, 1967). In a more recent paper, Smith and Hanson (1972) hypothesize the two are on some sort of characterological continuum. Some typical components associated with the personality of the abusive parent--coldness, failure to empathize with the child's needs--are also exhibited by mothers implicated in failure-to-thrive. We can advance

shrewd guesses about what must have gone on in the early life of such a person to produce the symptomatology shown in relation to her child, but to our knowledge only Morris and Gould (1963) have dealt with the life histories of failure-to-thrive mothers. There have been many more comments about the psychogenesis of the battering parent. Obviously, it would be fascinating, now, to know to what extent the two surface manifestations rest on similar bases. For, both are potentially aimed at infanticide.

Alcoholism in one or both parents has been recurrently associated with reports on child neglect. The dynamics of alcoholism, and its biochemical aspects, have both been studied of course. How these dynamics also relate to neglect has not been specified, although once again one can make shrewd guesses. The group at Odyssey House in New York have become alarmed about the numbers of drug addicted young women who seek to become pregnant, then insist on carrying the baby to term despite refusal to give up drugs during pregnancy, and other poor prenatal care which endangers the foetus Following birth, they often give the baby limited attention, or effectively abandon it. A syndrome of "poor sexual identity" has been cited as prevalent in the group. (Densen-Gerber, Wiener and Hochstedler, 1972) Pregnancy is invited by the addict as a narcissistic effort to reassure herself that she is all right, and a competent female being. The child, having served its symbolic function, has scant meaning as a person. The fact

is that the neglected child was often unwanted as a person, and this is so not only among addicted parents. (Evans, Reinhart and Succop, 1972)

Among many infantile women (and men!) the helpless babe in arms serves as a buffer against unresolved separation anxiety and loneliness. Hence, the threat which is not uncommon, "If you remove my children, we'll just make some more." Polansky, Borgman and DeSaix (1972) have proposed we find adult pacifiers less vulnerable than human infants! Children are also used symbolically in marriages that are coming apart. Some are unconsciously rejected, according to the formulation "If I did not have you, I would not be so trapped in this awful marriage." Refusal to care for the child may serve as a means of infuriating the marital partner; we find child neglect in the service of spite. Both partners to a bitterly engrossing bad marriage may be depressed. Relevant examples are to be found in the detailed case materials of Sullivan, Spasser and Penner (1973). These are just a few of the genotypical emotional situations associated with and/or underlying neglect. It should not be hard to make a far more extended taxonomy in the terms of ego psychology and family dynamics. After all, the number of widely prevalent dynamic constellations cannot be infinite, and such a listing would alert professionals to possible insights which are now obscured by the surface chaos which first confronts them. The message of Sullivan, Spasser and Penner is this: "These, too, are people!

We are led finally to a residual group, those with marked character problems. Concerning such parents, order is finally emerging. Several investigators, operating relatively independently of each other, have confirmed each other's main conclusions. There is agreement among most serious students that we are dealing with a problem of severe immaturity in a substantial proportion of all neglectful parents. In her study of 180 neglectful and abusive parents, Young (1964) noted that most of the neglectful were themselves child-like. They were dependent, unable to carry continuing responsibility, lacked adequate inner controls, had poor or distorted judgment--characteristics we associate with failure to mature. "If the behavior of neglecting parents toward their children could be summed up in one word, that word would be indifference. Children themselves, they reacted as children to the demands and obligations of parenthood and adult life." (p. 31) Similar reports came from a group in Boston, under the leadership of Pavenstedt. Thus, Bandler wrote, "The most striking characteristic of these families is that they are <u>families of children</u> and the parents have grown up without any clear normative system...." "Within the family unit the <u>needs of the parents take precedence over the needs of the children</u>." (1967, p. 231) Because of their childishness, the parents relate to their children as older siblings, if, in fact, they assume that much responsibility (Minuchin, et al, 1967).

Often, they compete with their children for whose dependency needs will be met. We have recorded the tendency to push older children into the role of mother's helper, or even mother. (Polansky, Borgman and DeSaix, 1972)

Cycles of Neglect

The life histories of a majority of neglectful parents are said to be alarmingly similar to those they are offering their own children. All researchers who had continuing contacts with families studied, so that life histories could be known with reasonable certainty, have been impressed with the degree to which current family disorganization and neglect seem rooted in the families of origin (Young, 1964; Pavenstedt, 1967; Minuchin, et al., 1967; Polansky, Borgman and DeSaix, 1972; Geismar, 1973). All these investigators were working contemporaneously and our own conclusions, at least, were arrived at without knowledge of most of the others'. What we have elsewhere termed the "intergenerational cycle of neglect" was agreed to by all our consultants, as well. One of them, Penner, also remarked the absence of routine and even ritual in the lives of these folks and of their parents.

The remarking of intergenerational cycles does not discount the impact of current life stress, emphasized by Giovannoni and Billingsley (see above). But it does imply that earlier deprivations leave marks on one's personality which make him less capable of adequate parenting. Since

these marks go old and deep, they will not be reversed by superficial measures, nor respond reliably to environmental manipulations. From their own hard lives, many neglecting parents have emerged isolated and cold, narcissistic and basically depressed.

The intergenerational cycle is fairly readily explainable by psychoanalytic personality theory. Yet, other possibilities cannot be overlooked. Does inadequate nutrition cause the retardation and lethargy? Are we confronting obscure constitutional factors? We see two parents, from equally barren environments, and yet one is more amenable to help than the other Why? Lack of expertise in genetics does not award the privilege of discounting them. Is something like infantilism inheritable?

Mention must be made of the varying forms which maternal and/or paternal infantilism takes. For example, we have distinguished the pattern of apathy-futility (i.e. withdrawal and immobilization) from impulsivity (i.e., "acting out" and irresponsibility). (Polansky et al, 1970) The "acting out" parent, often implicated in temporary abandonments, is seen as actually less pathological, only recurrently neglectful, more treatable. The origins of this syndrome, its functions as a defense against inner depressiveness, are rather well understood. The more severe problem, the apathy-futility reaction, is thought to be rooted in the first months of life, and its etiology will be explicated in the section on Sequelae below, where

we see graphically how handicapped parenthood may be transmitted from one generation to the next. Multiple-item behavioral scales in presence-absence format have been developed by Polansky, et al (1972) to rate degrees of apathy-futility and impulsivity. DeSaix has found them useable with county child welfare personnel (personal communication). Factor analyses presently under way demonstrate extremely high internal consistency among scale items. (Polansky and Pollane, in process)

A major gap in formulations of etiology is the lack of truly relevant theory at the level of the family, as such. Most observations cited above deal with personal pathology. Yet, neglect is something that happens in the family system. Except in gross terms, which really amount to differentiating the "organized" from the "disorganized" family, we do not have concepts for discriminating types of neglectful families in ways that are relevant to estimating prognosis and prescribing treatment. Even an analytical mapping of the field of discourse might be a contribution at this stage.

IDENTIFICATION AND CASE FINDING

We will deal here with such questions as the operational definition of child neglect; large-scale organization for adequate casefinding; and early warning signals.

Operational Definition

Earlier we proposed the following definition of child neglect:

> Child neglect may be defined as a condition in which a caretaker responsible for the child either deliberately or by extraordinary inattentiveness permits the child to experience avoidable present suffering and/or fails to provide one or more of the ingredients generally deemed essential for developing a person's physical, intellectual and emotional capabilities.

As Gil remarked about his own definition of abuse, our definition is reasonably satisfying at the conceptual level. The crunch comes where one must apply it, in the field. At the present state of the art in this country there are only a few sorts of evidence taken as sufficiently convincing *prima facie*, to lead to immediate action by legal officials. That is to say, we have hardly anything comparable to X-ray in detecting abuse. What evidences are used?

Outright abandonment is an obvious form of neglect, and is so treated by both police and welfare authorities. But, what is "abandonment"? The mother who goes out, gets drunk, and leaves her infant alone for twenty-four hours will be regarded as having abandoned him--*if* the child's situation is detected, then reported. The mother who leaves four small

children under the care of their eight-year-old eldest sister while she goes "down the street" for an evening at a tavern is not necessarily seen as abandoning. Age of the child, and the period for which he has been left both affect the appraisal of whether he was abandoned. At least some children are killed in home fires each year because there was no adult at home. It has been reported that in our own state of Georgia, after a tornado has struck, it is not uncommon to find children wandering about whose parents are not only not in the wreckage, they are not in the vicinity, having left their children unsupervised. So, a fair amount of "abandonment" goes by unidentified either because it is not gross, or because parents have played Russian roulette with children's lives, and won.

Another evidence of neglect seems to be calculated from the obvious inability of parents to fulfill their responsibilities because of their own conditions. Included here would be alcoholic parents found stuporous with their children unfed for several days. Drug addicts also present a problem nowadays (see below). Children living in "immoral surroundings" may also be summarily removed, but one does not often hear of such action.

The "failure to thrive" syndrome has a rather neat method of diagnosis, when a child comes to medical attention and the parents will cooperate. If the infant is hospitalized and given routine, good nursing care, and gains weight

and height on this alone without positive medical findings, "failure to thrive" becomes the residual, but rather convincing, diagnosis. The evidence is ever stronger when such a child, returned to his mother, loses ground, but again improves when he is rehospitalized. The difficulties with this diagnosis, however, are first that we lose many infants because they are not brought in for checkups, and secondly that the mothers involved, for neurotic reasons, often "hospital shop" or otherwise elude the staff by whom the difficulty has been diagnosed (Bullard, et al., 1967).

A very great need in identifying chronic, insidious neglect is some measuring-stick for adequacy of parental, especially maternal, care. This implies a scale. The items on the scale must be likely to be known, or able to be observed and otherwise discovered, by persons doing the front-line jobs in social service agencies, private and particularly public (since the bulk of protective services are under public auspices in this country outside a few, older communities). From experience, we have also learned that for such a scale even to have face-validity, it must be age-graded. Essential mothering at one age may become infantilization of youngsters somewhat older (Sharlin and Polansky, 1972). The scale must meet the usual requisite of internal consistency. And it must have contemporaneous or, most desirably, predictive validity. That is to say, we would like scientific reassurance that a "low score" on the scale really does mean ingredients generally deemed essential for

development are missing. The only such scale thus far constructed is the Childhood Level of Living Scale advanced by Polansky and others; that is to say, it is the only method of measuring child care whose lower ranges deal with the gut issues of neglect. It is also, for better or worse, the only scale meeting other criteria (e.g., evidence of validity). (Polansky, Borgman and DeSaix, 1972) Therefore, we should now report that the scale is lacking in a number of respects mentioned, and that within the limited funds available we are still continuing work on internal consistency as this is being written. (Polansky and Pollane, 1974) When finished, it will still not solve all problems of operational definition, but it is in the right direction.

It was hoped that important contributions would come out of the well-publicized English study of all children born during a particular week. That is, from following the whole cohort, one might have been able to locate exactly which child care ingredients predict later difficulties. Unfortunately, the data thus far published make it unlikely these leads will be forthcoming. Wedge and Prosser's Born to Fail (1973) reveals the predictor variables collected were gross, indeed. "Disadvantaged" children are compared with "ordinary." By disadvantaged they mean low income and/or broken homes. And, the "disadvantaged," as even so grossly defined, suffer deficits that show only in relative rates (e.g., bed wetters are 1 : 20 vs. 1 : 250). The pursuit of

specific predictor variables to be included in scales of child neglect, or to be employed as early warning signals, will require a far more ambitious effort even than that in England. The sad truth is that from their gross, though massive, analyses we know little more that is specific now than we did before they began. Specifics and observables are needed in construction of predictive indices and scales.

Case Finding

The major movement across the country for better case-finding has taken the form of legislation with two new provisions. First, local personnel are not only freed, but required, to report cases involving suspected abuse. Secondly, responsibility is fixed, usually in the public social service agency to investigate any such report immediately and to take appropriate action. Dramatic increases in numbers of cases reported were remarked in the earlier section on Prevalence. Another part of the movement, which Florida seems to have typified best of all, has been to try to alert the citizenry to the extent of the problem and gain their cooperation.

Securing public involvement seems to require four steps. You have to propagandize to get them excited about the need to help victimized children; you have to inform them what conditions to report; you have to organize facilities so that reporting is convenient and you are easily accessible when they are ready; and you have to produce so that they have

some reason to believe their effort and possible risk were worthwhile. These seem to be major facets in the Florida setup. Complaints come into a central clearinghouse open 24 hours a day, seven days a week. Since each county social service is required to assign a person "on call" at all times (as they say in hospitals), a request for investigation can go out long-distance from the central office immediately. Indeed, for those doing the work, it has some of the excitement of an Army message center, or any emergency community service. However, the "on call" requirement is really quite onerous for small counties where a two-man staff might alternate evenings and week-ends to maintain coverage.

The Florida pattern is spreading across the country. How quickly, we do not yet know (a report on New York was given above). By now, neglect is mentioned in the laws of most states, along with abuse. But in only a few places have we yet had the advertisement-education effort Florida conducted. More typical has been multiplication of paperwork intra-organizationally--in the name of accountability. Paraphrasing Camus, we might say, "Where you suspect there is no character, you install a system."

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among the legal and social agencies in Nashville was essential, if not sufficient, to improve the care of dependent-neglected children in Metropolitan Nashville (Bowman, 1971). Since July 1, 1971, with funds from the Office of Child Development, they have been operating their "Comprehensive Emergency Services to Neglected-Dependent Children." In addition to better coordination of existing services, it had been found that, "The existing system failed to provide quality care for those children during evenings and weekends. Thus a child reported as neglected or dependent outside of regular office hours was usually subjected to the drastic experience of abrupt removal from his home and temporary institutionalization...." (Emergency Service Program, 1973, p. 1)

The Nashville plan includes the following:

1. 24-Hour emergency intake;
2. Emergency caretaker service; consists of personnel "on call" on a small weekly retainer to step into homes where parents have abandoned, or otherwise are missing, so children can be maintained in their own homes;
3. Emergency homemaker service; that is, for crisis situations longer than those above, a 24-hour homemaker (instead of the usual eight-hour person) is made available for an extended time if necessary;
4. Emergency foster homes; these, too, are kept available on a retainer, ready to accept children for placement day or night.

The services are geared to potential child abuse or neglect, of course, but they have also been called into play because a mother was hospitalized. Reportedly, these arrangements have reduced the number of neglect and dependent petitions filed; they are keeping the child in his own, familiar environment whenever possible until a study can be done and a reasonable decision about him reached; and they are making it possible to place the child in a stable environment where he can adjust--and where he will not become neglected once again (a not-infrequent result when placements under pressure are made with neighbors or relatives). Now, children do not have to be taken to the police station while arrangements are sought for them. We have here an interface between the processes of case-finding and treatment. The Nashville Program can be seen as treatment, but the fact is that unless you have helpful services, many cases will not be referred out of poor neighborhoods. Only if they have services to bring do protective agencies earn the reputation in a community as representing more than the threat of removing the child (Varon, 1964). So, services like those in Nashville, or at the Bowen Center in Chicago, are to be seen as also operating in the direction of early case finding. Indeed, the role of visible services in facilitating community referrals deserves research in its own right.

Early Warning Signals

If the activities listed under Treatment constitute defenses in depth against child neglect, spotting families most at-risk of becoming neglectful is our DEW line. Early warning signals take a number of forms. Some are structural variables, tending to pick out categories of families likely to provide low levels of care for their children; others are very dynamic, momentary things--a chance remark dropped by a mother following delivery, or something observed about the behavior of a child in school.

1. Structural leads.

Two broad types of families warrant consideration in the early identification of child neglect. There is the family already disorganized or dysfunctional, albeit not known; there is also the family potentially, but not yet, neglectful. To the woman who has been functioning marginally as a mother, or operating with a tenuous grip on her problems, any added stress may break down her ability to cope. Hansen and Hill (1964) have described those families in danger of becoming disorganized under the impact of a natural disaster, a death, divorce, or any change in the status of the family. We believe that the relevant research needed would show that families who collapse under the impact of moving to the city were often poorly functioning in their rural settings as well. Sociological research emphasizes how such families deal with mobility. Not all become

neglectful, but until the stress is past, it would pay for social agencies and others to be alert to the risk.

Beyond families of limited resilience are a group at even greater risk of becoming neglectful, the multi-problem families who score poorly on Geismar's (1973) scales of family functioning. Such families are poor at problem solving, often isolated from their communities, have diffusely conflictual relationships within the family. From books like Geismar's 555 Families it is possible to sketch an empirical listing of expectable life crises with which nearly all young families must cope. Geismar focused on the coming of the first baby. Multi-problem families labor hard to manage the universal family crises; they are swamped by problems outside the normal!

According to the famous series of studies conducted in St. Paul, multi-problem families come to the attention of social agencies rather soon after marriage (Geismar and La Sorte, 1964). The same investigations, by the way, affirmed the intergenerational effects cited above. The degree of unity in the husband's family of orientation showed a strong relationship to the unity in the family of procreation: stable families reflect stable backgrounds, on the average.

Other families at risk may be identified by what one could term the "structure of the life situation." Taylor (1973) has written a powerful documentation of hardship, hunger, premature push to responsibility and unseasonable

despair imposed on children in migratory labor camps. Some are already harvesters at age seven or eight. Friedland and Nelkin (1971) cite a report by one participant observer. Left alone most of the day, they formed a subculture of their own, as children so often do. A noteworthy feature of this one, however, was the primping and sexual provocativeness displayed by the little girls. Coles (1971) has written sympathetically of the drift toward apathy and numbness in which constrictions in their personalities come to resemble the outer oppressiveness of the children's lives. Similar constrictedness has been observed among both adults and children in areas of chronic poverty and unemployment (e.g., the Black areas of England in the 1930s).

Having a very young mother is repeatedly cited as an early warning signal. The relationships among early pregnancy, close spacing and child abuse have been discussed by Elmer (1963); comparable work on neglect has not yet been undertaken. Of mothers on welfare in New York, Powell (1973) found 58% had become initially pregnant by age 19, and 56% of those 30 and over had <u>five children or more</u>. Among this group, the whites had fewer children than blacks or Puerto Ricans. Asked how many children they would like to have had, six of ten wanted two children or fewer, and one quarter of all these women said that if they had it to do over again, they would have had none! A very substantial majority were aware of birth control devices, but only 40% of those at risk of becoming pregnant were taking preventative

measures. Therefore, it is no surprise to find that of the women separated from their husbands, 60% had had additional children. When we consider the impacts of early child bearing and closely spaced large families on the parents' abilities to offer optimal care, these are not facts that encourage equanimity about welfare policies. In fact, if Podell's findings prove generalizable to other settings, we may have to conclude that being on public assistance may itself be a kind of early warning signal on statistical grounds.

From the structure of the situations of these families we turn next to leads derived from structural elements in their personalities. In an excellent paper on "high risk" children, Pavenstedt (1973, p. 393) cites Dr. Doris Bennett's criteria for spotting families whose youngsters will prove likely candidates for compensatory care:

> Serious alcoholism, drug addiction, psychiatric disturbance, chronic physical illness or mental retardation of one or both parents; prolonged absence of mother from the home; fatherless homes in which the mother is totally unable to cope with rearing children due to her own emotional deprivation or depression; a mother who is under 16 at the child's birth; chronic delinquency of either parent or older siblings; a history of one or more cases of failure-to-thrive due to neglect in the family; one or more siblings previously removed from the home by a protective agency.

In a subsequent publication, Pavenstedt speaks of the need for preventative services for vulnerable children (Pavenstedt, 1973). After citing Bennett's criteria, although

mentioning her only as "a pediatrician practicing in a neighborhood similar to ours," Pavenstedt reports, "With these criteria she found 143 (57%) of 246 children 'at risk' in her case load in children five years or under, 83 of them under three." (p. 20) These are ominous figures from the very low income neighborhoods in which these doctors practice. Pavenstedt also cites the vulnerability to neglect of children born to adolescent mothers. Another group at great risk are babies with congenital defects or birth anomalies born to mothers who are already overburdened.

Findings regarding the impact of maternal (or paternal) retardation are ambiguous, still (Sheridan, 1959; Borgman, 1969); that is, we cannot say at what level low IQ must be seen as itself an early warning signal. It is disappointing that Borgman's appears thus far to have been the only study in which someone thought to include intelligence measurement systematically in appraising neglectful families. One complication in prediction comes from the fact that persons with identical IQs by measurement may operate quite differently in relation to life tasks, depending on other factors in their personalities. Yet, there seems little doubt that below some level (might it be IQ=50?) sheer intellectual limitation plays a definite role in parenting failure. "Mental retardation is present in the largest group of families that give us constant concern." (Pavenstedt, 1971, p. 66)

Pavenstedt also reports that numerous neglectful mothers had themselves suffered catastrophic insults in their own early lives, such as massive deprivation, family separations. Many had been placed in orphanages or other foster care when young; some had had psychotic parents and/or are themselves severely unstable or psychotic. They show indications of obvious childhood neuroses in their pasts and are, to share her use of the expression, "fragile' people still.

Alcoholism is associated with neglect sufficiently frequently to be regarded as an early warning signal, especially when it is present in both parents. In their study of 100 alcoholic American Indian families, Swanson, Beatrude and Brown (1972) found that 85% had starving children, not to mention the presence of abuse, truancy, promiscuity--and alcoholism among the children, themselves.

Drug addicted mothers constitute another group whose children are shockingly "at risk." We are, therefore, indebted to the zeal of Densen-Gerber and her colleagues at Odyssey House in New York for their non-sentimental analyses of the events typically involved. (Densen-Gerber, Hochstedler, and Wiener, 1973) Earlier, we mentioned the impress on that addicted women often get pregnant to reassure themselves about their femininity, and their consequent reluctance to induce abortion. At the same time, at least some (not those retained in the Odyssey House program) refuse to go off drugs.

Addicts observed in the controlled treatment setting present unusual challenges. The satisfaction for the addict comes when she finds herself pregnant and "full." Ambivalence and rejection toward this separate human asserts itself when the mother feels movement. Commonly, there is no use for the child's father after conception; he served a purpose, and otherwise her difficulties in sustaining all meaningful relationships also disrupt this one. The odds of neglect are, of course, very great, since many girls will not give up antisocial behavior or drug-taking even during the latter phases of pregnancy. There is real danger, apparently, that the infant will be born addicted if the mother remains on drugs in the latter trimester. The Odyssey program emphasizes trying to help patients assume motherhood and protect the baby. For those women who will neither abort, nor submit to drug withdrawal, they believe in commitment during the pregnancy, if necessary to take the mother off drugs against her will. Such a threat would probably lead such narcissistic characters to opt for abortion, but is it politically feasible?

Having a psychotic mother must also be included among early warning signals. Yarden and Suranyi (1968) found that, of children born to Israeli mothers who were schizophrenic during pregnancy, only 8 out of 44 studied could be returned to their families. They note that a number of children in placements who made visits home were maltreated or neglected

during these visits. Restoration of the child has to wait on the success, if any, of treatment of the mother. If she becomes only minimally functional outside the hospital, the need to care for another human being may be beyond her. From our own experience of private and public psychiatric hospitals, we can state unequivocally that the staff member, even in social service, whose determination of a woman's readiness for discharge takes heavily into account her probable suitability as a mother is a rarity in these United States. Public policy favoring early deinstitutionalization contradicts public policy toward preventing neglect! Indeed, there are still psychiatrists who take the fatuous position that "having a child might be therapeutic," or "hold the marriage together." We would hope social agencies have routinely resisted such reasons for approving adoptive placements, but while most do, a few do not.

2. Dynamic leads,

Disturbances in the early mother-child relationship can be observed even when pregnancy first occurs. A Swedish study giving the unfortunate later fates of children born despite their mothers' having requested abortion will be cited below. In the failure-to-thrive syndrome, the mother typically reports some upset around the birth of the child, and views him with an aura of detachment (Maginnis, Pivchik and Smith, 1967). Both Maginnis, et al. and Evans, Reinhart, and Scoop (1972) report the non-thriving children in their

studies were unplanned or unwanted by their mothers. Unlike other neglectful families, however, these were not spatially mobile nor socially isolated, and were usually self-supporting on at least marginal incomes. But they were not motivated to ask for help. To repeat an earlier theme, some of these early warning signals are reminiscent of those regarding abusive parents (Nurse, 1964; O'Kell, 1972). Fontana shares this feeling (1973, p. 23): "In our view, the failure-to-thrive cases seemed clearly linked to deliberate abuse. There was an indication of what might be called <u>active neglect</u>."

It may prove important to distinguish between "inadequate" and "distorted" mothering (Whitten, Pettit and Fischhoff, 1969). Indications of mild depression and of noticeably poor muscle tonus were found in the babies of the unempathic mothers reported by Robertson (1962). Robertson believes that for a mother with a new infant some anxiety is normal; absence of anxiety may be an ominous sign. Those infants showing the responses reported by Robertson may be alerting us to further trouble. Stone (1971) claims that disorders in early infant-mother interaction, for example a child who is hyperactive or unresponsive, or a mother showing neurotic reactions, are usually responsive to brief psychotherapeutic first aid. (Medical social workers in pediatric clinics, take note!) He goes on to note that, "Recent studies of child abuse have revealed how frequently in the week or so beforehand the family doctor had been consulted by a desperate mother " (p. 225)

With respect to child abuse, for example, a number of clinicians have now set down patterns that alert emergency-room personnel--e.g., indifference to child's suffering; failure to visit while he is hospitalized, etc. We do not have comparable ideas about potentially neglectful parents, but the communicated wish not to have a baby may be an analogous warning.

Signals which may be picked up by teachers, counselors, nurses and others in contact with many children have been paraphrased by Fontana (1973) from a listing by the American Humane Association. Developed for detecting abuse, many would probably also apply in the case of neglect.

> A child who is frequently absent or late. Whether his problem is at home or in school or within himself, known to his parents or not, his habitual lateness or absence strongly suggests a maladjustment.
>
> A child who arrives at school too early and hangs around after classes without apparent reason. He may not be welcome or cared for at home; he may hate his home, or be afraid of it.
>
> A child who is unkempt and/or inadequately dressed. If he is dressed inappropriately for the weather, if his clothing is dirty and torn, if he is habitually unwashed, if other children don't like to sit near him because they think he smells bad, he is clearly neglected.
>
> A child who more than occasionally bears bruises, welts, and other injuries. Will he say how he got them? Does he complain of being beaten at home? Or is he always fighting?
>
> A child who is hyperactive, aggressive, disruptive, destructive in behavior. He may be acting out his own hostility. He may be reflecting the atmosphere at home. He may be imitating his parents' behavior. He may be crying out for attention and help.

A child who is withdrawn, shy, passive, uncommunicative. He is communicating. Whether he is too compliant or too inattentive to comply at all, he has sunk into his own internal world, a safer one, he thinks, than the real world. His message is in his passivity and silence.

A child who needs, but is not getting, medical attention. He may have untreated sores. He may have an obvious need for dental work. He may need glasses to see the blackboard.

A child who is undernourished. What is the reason--honest poverty, or uncaring parents?

A child who is always tired and tends to fall asleep in class. Either he is not well, his parents are neglecting to regulate his routines, or he is simply unable to get to bed and to sleep because of family problems.

The parent who becomes aggressive or abusive when approached with a view to discussing the child's apparent problems.

The parent who doesn't bother to show up for appointments, or is so apathetic and unresponsive that he might as well have stayed at home.

The parent who is slovenly, dirty, and possibly redolent of alcohol.

The parent who shows little concern for the child or what he is doing or failing to do.

The parent who does not participate in any school activities or come to any school events.

The parent who will not permit the child to participate in special school activities or events.

The parent who is not known to any of the other parents or children.

The parent whose behavior as described by the child is bizarre and unusual.

The parent whose behavior is observed by school personnel to be strange, bizarre, irrational, or unusual in any way.

Policy Issues

We have treated neglect as if it were a diagnosable condition. Therefore, it is important to note, as one of our consultants, Dr. Alfred Kahn, pointed out to us, neglect is also (possibly primarily?) a social problem. Neglect is to a large extent what the local authorities adjudicate as neglect; the minimum level of acceptable care is a moveable line, changing with community norms. There is also no doubt that the systems for case finding and reporting also affect--if not what is regarded as neglectful--at least, the neglect that comes to our attention. Mr. Leefman reported, for instance, that his agency, the Massachusetts Society for the Prevention of Cruelty to Children, once had a spot announcement for three days on a local TV station in Boston. Sixty referrals were received on the first day! One may conclude, therefore, that the community norms about "child care that warrants reporting to the authorities" are certainly susceptible to deliberate influencing through our interventions, as well as others'. The operative definition of neglect, in other words, is also manipulable, and professionals must decide whether they ought or ought not participate in the process of public definition. Of course, to do nothing about educating the public is a form of negative participation, so there is no escaping the decision.

Other policy issues have to do with the responsible agent of neglect. Nearly all the analyses above presume the parents are the agents. How about societal neglect, the

failure of our whole nation to prevent what has been observed among migratory laborers? Or, the failure to provide for universal medical care for children? Is neglect a sufficient national priority to warrant some significant changes? Shall we delimit agency neglect--when children already removed from their own parents are subjected to repeated replacements in foster homes? Is agency neglect a misdemeanor, and whom should be charged with it? Or, is the phrase to be left in the realm of rhetoric? What level of obtuseness, vacillation or incompetence shall we term professionally unethical behavior by judges or by social workers? These are questions already raised; they are not "for the future."

SEQUELAE

Nothing stirs so great a sense of urgency that we move to do something about neglect as to review what is known about its consequences. There is pain and loss in the lives of the damaged youngsters; there is regret for what they are unable later to add to the society of which they are a part; and there is enormous cost, ultimately, in the care that has to be extended by a humanitarian society to keep them afloat, or even alive, in view of their handicaps. Evidence regarding the sequelae of neglect is constantly accumulating in a number of different fields and, of course, under many different topical headings. We do not pretend to expertise in all the areas whence data are accumulating. There are questions about whether conclusions advanced are justified, and what the specific causative agents are. All we can do, therefore, is to put together what seem to be the well-accepted studies. Another introductory point is simply this. Neglect, by definition, can take many forms, and so can the terrible marks it leaves.

Neurological and other Physical Sequelae

Young (1964) defined "severe neglect" as failure by parents to feed the young adequately. Evidently this failure can begin while the infant is still *in utero*, which has been the subject of some interesting studies of the last decade.

Animal studies permit experimental manipulations unthinkable in humans, and are a major source of provocative findings. Rats fed inadequately during pregnancy produce pups whose birth weights are below normal; the deficit cannot be compensated by adequate diets in the period shortly after birth. Likewise, rat pups suffering malnutrition *in utero* and postpartum have a deficit in the number of brain cells, and this numerical deficit also cannot be compensated later in life (Vore, 1973). Studies indicate that not only are there fewer cells, but the size of the cells is also adversely affected by protein deficiency. Other animal studies show the brain to be most vulnerable during its most rapid growth. Afterward, it is more resistant to nutritional damage, but it is also less able to be positively affected. Problems with brain size are accompanied by alterations in distribution and appearance of nerve cells in the brain, and by poorer performance on learning and other behavioral tests (e.g., coordination). The earlier the nutritional deficiency and the longer its duration, the more severe and permanent the consequences for the brain and central nervous system (Scrimsham, 1969).

The human brain grows to a certain size, and thereafter begins the lifetime process of dying. Unlike the liver, for example, the brain is not able to replace cells. The evolutionary function of this arrangement is thought to be this: that cell replacement would entail obliteration

of connections, erasing learning. Hence, for the survival of the species, the individual is sacrificed.

Human brain tissue shows an increase in numbers of cells until about 12 months post utero; cells continue to grow in size until around age three. Malnutrition can apparently cause up to a 60% deficit of brain cells (Vore, 1973). Children severely malnourished during their first year may have head circumferences as much as one inch subnormal and an intracranial volume 14% less (Scrimshaw, 1969). Important studies have been done by Winick at the University of Chile. The brains of children who died of marasmus before age one had less DNA on biochemical analysis, indicating fewer brain cells. Insofar as there is a scientific debate on the issue at all, the burden of proof would now be to show a child can experience protein deficiency without CNS deficit.

Kwashiorkor is a condition reported in India and Africa affecting young children. We were intrigued to find it means literally "first-second" in the Ga language of Ghana, in accordance with its being observed when the first-born is replaced on the breast by a second. The first child then develops such signs of malnutrition as edema, fatty liver, diarrhea, loss of appetite and profound apathy. Recently, the Senegalese psychiatrist, Collomb (1973) has speculated that Kwashiorkor may have psychological as well as nutritional roots. "The psychosomatic meaning of the

Kwashiorkor...could then be interpreted as an expression of more or less brutal modification of the mother-child relationship...the Kwashiorkor might be a mental anorexia developed on a foundation of severe malnutrition." (p. 450) In any event, the disease constitutes a dramatic instance of early nutritional deficit.

The interesting data from the major British cohort study have been mentioned already. Results bringing the children to age seven were reported by Davie, Butler and Goldstein in 1972. A later report brought the children to age eleven (Wedge and Prosser, 1973), contrasting "disadvantaged" with "ordinary" children. By disadvantaged was meant the child was from a one-parent and/or large family, of low income and poorly housed; ordinary meant none of these was true. Disadvantaged children were more likely to have suffered hearing loss, five times as likely to be absent from school for physical and emotional reasons; even more noteworthy was the finding that they tended to be markedly below average height for their age group.

Going beyond the connection between nutrition and physique, a number of investigators have been impressed by the interaction of psychological and cultural factors, also. The mother whose child goes hungry is frequently depriving the infant in terms of closeness, sensitivity to his needs and empathic stimulation. The hypothesis raised is that inadequate psychological mothering contributes to

indifferent appetite in the infant, and thence is a contributing factor to biochemical changes. In line with this reasoning is the report by Powell, Brasal and Blizzard (1967) of a group of youngsters admitted to Johns Hopkins Medical Center with a preliminary diagnosis of hypopituitarism. They were found not to suffer from that illness; but social studies showed them to come from neglectful homes characterized by marital strife, alcoholism, abandonment, and the like. When placed in a caring environment, the children made dramatic gains without receiving growth hormones at all. In similar vein was the delineation of the Failure to Thrive syndrome by Bullard, et al. (1967) in Boston, including stunted growth, developmental retardation and other evidences of malnutrition without identifiable organic basis. The Boston group, too, remarked the intricate relationships between physical and emotional needs of the infants. Assessment of these is complicated even further by the child's changing as he moves through maturational stages even before his first year.

Hepner and Maiden (1970) were involved in studies of malnutrition among offspring of the inner city poor of Baltimore. They found the child's nutritional status--verified by laboratory studies that took into account the demands of developmental growth spurts--was not related to income, to family expenditures for food, or even to specific caloric intake. Rather, it correlated with the mother's

score on the cognitive/emotional phase of Polansky, et al's. Childhood Level of Living Scale (1972). On the other hand, a cautionary note is sounded by Whitten, et al. (1969). They believe they have shown that, among some children who might have been diagnosed victims of Failure to Thrive, weight gain could be induced simply by ensuring better feeding, even without improvement in other facets of mothering. So, the apathy noted in deprived youngsters may derive from simple starvation. They also make the point that since it has become common to use the third percentile in height and weight as the cutting point for diagnosing Failure to Thrive, many threatened youngsters go undetected because their deficit is not that extreme.

It would be unfortunate if closely supervised feeding were neglected as a first-aid measure on the basis that only by a major overhaul of the mother's psychology can anything effective be accomplished. But to sustain close supervision of feeding may require psychological treatment of the mother. When the Failure to Thrive interaction rests on her pathology, as it so often does, she evades treatment.

The effects of malnutrition on later development of the human then, are being documented steadily by research. In addition, there is suggestive evidence that the ability of the young organism to make optimal use of food is partly dependent on the relationship between mother and child.

From the number of requests we have received for our scale used by Hepner and Maiden, we have reason to believe the latter hypothesis is being subjected to further testing.

Earlier this year, the U. S. Senate Select Committee on Nutrition and Human Needs was given the following report, "Malnutrition appears to be the common denominator of each of these problems--low birth weight, infant mortality, mental retardation, and intellectual malfunction. Any attempt to break the cycle of poverty characterized by these phenomena must include nutritional intervention or this wastage of human life will continue unabated." (Quoted in the New York Times, Jan. 21, 1974) The relationship between malnutrition and child neglect by whatever definition, is obvious. Insofar as we do not equate simple poverty with neglect, however, we become aware that there are instances in which the provision of food in a way that assumes "normal expectable parental behavior" will be a necessary condition for helping the children, but it will not be a sufficient one. Research is needed to see to what extent, and in what types of families, simply making more food cheaply available will indeed improve children's nutrition. Are there, in other words, families where more elaborate organization is needed, and how can we identify them?

Emotional Sequelae

Emotional sequelae of neglect can be inferred to an extent from the literature on maternal deprivation and

related deficits in primary mothering. These dreadful effects have been documented by many, beginning with the literature antedating and immediately following World War II, when the NAZIs provided us many opportunities to observe what becomes of young children whose mothers have been killed or otherwise separated from them (Skeels and Dye, 1939; Bakin, 1942; Spitz, 1945, 1946; Goldfarb, 1945; Newton, 1951; Winnicott, 1955; Bowlby, 1954, 1967; Yarrow, 1961; Oliman and Friedman, 1971). Consistencies of findings outweigh methodological defects in individual studies. By a depriving mother, we do not mean a consciously hostile, punitive "mom." Rather, we have more in mind a woman who, because of her own failures in development, is simply not sufficiently competent to meet the heavy demands of "good" mothering, especially if her mate's inadequacies further undermine her and drain energy.

The fate of infants deprived of maternal, indeed of human, stimulation has been documented in observations of some being cared for in institutions (Skeels and Dye, 1939; Bakin, 1942; Spitz, 1945, 1946; Decarie, 1965). The infants were found to be apathetic and listless and their physical development was below normal. Intellectual development was also retarded in comparison with that of children reared in their own homes. Even more shocking was the high mortality rate among those institutionalized. The absence of human attention and stimulation was thought to

lead to a massive form of infantile depression and withdrawal, which Spitz labeled mirasmus. Related reaction to the loss of "mothering" have been examined very closely by Bowlby (1954).

Harlow and colleagues have reported on fascinating parallels with humans in the responses of infant monkey suffering forms of maternal deprivation 1971). Exposed to an artificial dummy, a "surrogate mother " with cold water flowing through it, the little monkeys recoiled from this disturbing object and retreated to a withdrawn foetal position. Monkeys reared in isolation later proved unable to be coaxed into a relationship even by the warm, feral mothers Harlow called "therapists." It was as if inborn fixed action patterns in the infant primates had been massively disrupted by the non-fit of a cold mother! All of the instances of severe mother-child aggression observed were found in monkeys who had been massively deprived in their own infancies.

Following Bowlby's original book on maternal separation, there has been a large number of studies showing that similar effects on infants occur among many remaining in their own homes. An interesting example of clumsy infant care is given in a report from a well-baby clinic by a colleague of Anna Freud's. Robertson (1962) described the passivity, flattened affect and developmental retardation present among a minority of infants. Closer scrutiny

revealed these to be the products of well-meaning, conscientious but psychologically obtuse mothers. The successful mother must be empathetic, sensitive to the child's momentary needs, and to the probable causes of his reactions. She must be able to feel, even express, pleasure in having the infant. The anxiety normal in a woman with a newborn will hopefully be invested in infant care, rather than dissipated into withdrawal or other pathological defenses.

From direct observation, we know that the neonate in a marginal family is often left alone for long hours each day, to be cuddled at the whim of the parent rather than in line with his needs. Investigators then report apathetic, flat, affectless, withdrawn little children exhibiting attitudes of hopelessness and defeat (Young, 1964; Looff, 1971; Pavenstedt, 1967; Bullard, 1967; Polansky, Borgman and DeSaix, 1972). They appear to have resolved what Erikson (1950) has labelled the initial "life crisis" not with Trust, but with Basic Mistrust.

A number of investigators (see also below) have commented on the difficulty of measuring scientifically precisely what is missing in the home environments of children who show apathy or, a related but perhaps less ominous residual, extreme aggressiveness (Bullard, et al., 1967; Caldwell, 1970; Polansky, et al., 1972). Since identification or its primitive equivalent, incorporation starts very early in life, it seems credible that an attitude of

futility and/or despair might be taken over from one's parents, as if futility were in the air they breathe.

The mark of emotional deprivation is highly visible to trained professionals who see the children somewhat older, in day care centers, or the like. The youngster may show what we have called "objectless clinging," meaning that he attaches himself to an adult, but in an unflattering way, since he will re-attach to almost any other warm person with little differentiation. Even more damaged are children who will not relate at all. They seem to fear attachment, or have no ability to achieve it. While inability to relate is typically not extreme among very young children, it can present a serious block to treatment when a youngster is referred at age eight, nine or ten.

Patterns of detachment, of which Bowlby (1969) has thus far written the most extensive theoretical statement, become very concrete in such social work settings as the Bowen Center Project of the Juvenile Protective Association in Chicago (Sullivan, Spasser and Penner, 1974). They encountered markedly greater difficulty in involving the children they had not reached until their early adolescence. Among these, the pattern of detachment appeared more fixed, and there was much more aggression than seemed present in younger children from the same families.

There are a number of obviously necessary research directions worth pursuing. For one thing, investigators have

acted as though they were entrapped by words. Because early care is called "mothering," they have identified it with the female parent. Hence, we have little or no evidence regarding major deficits in "fathering," and only unsupported generalizations about the ages at which it becomes crucial. Yet, Harlow's studies showed that monkeys of both sexes responded to advances from the young with protective, cuddling reactions. A high proportion of all males in our culture have similar responses to children. Should these prove to be instinctive, what survival value has nature locked into this fixed action pattern? Up to now, we have been partly blocked in this search by the relative elusiveness of fathers as research subjects, but that may be changing. More general examples of the same sort of query lie behind the question already raised: what is specifically lacking in the emotionally depriving home?

Cognitive Deficit

There is an enormous literature on the subject of intellectual decrements associated with, and very probably caused by, early childhood deprivation. The topic was given impetus during the late "war on poverty" (Bayley, 1965; Oliver and Barclay, 1967; Caldwell, 1970; Scarr-Salapatek, 1971; Seltzer, 1973) Much of the literature deals with deficits found among children being reared in impoverished environments, meaning homes that are within normal limits but economically poor or very poor. The

challenge has been to identify just what is specific about the deprivation that lowers intellectual capacity. Seltzer (1973) has cogently raised this issue in remarking on the fact that with large-scale programs of testing infants, the so-called cultural decrement of poverty does not stabilize and become visible until around age three. Why, he asks, not until this age? If the deficit is cumulative, what is accumulating? Nor can it be logical to generalize about the type of care received by the children of the poor. Geismar (1973) concluded that a very substantial proportion of poor young couples nevertheless gave their children surprisingly good protection and other attention.

Work and thought are needed to sort out factors associated with poverty that appear also highly relevant to understanding the impact of various forms of neglect on cognitive development. The prevailing thesis is that the richness of the environment, the amount of cognitive stimulation offered the child, affects the rate and eventual upper limits of intellectual growth. Intelligence seems to depend, in part, on the number of brain cells, and the proliferation of connections among them. A difficulty in such research, therefore, will be to distinguish nutritional effects from the psychological. With so many neglected children poorly fed, but also left untended in their beds, offered little verbal communication, taken nowhere, it will be hard to separate the influences.

A very interesting issue has been the relationship between the cognitive and emotional malformations resulting from deprivation. For a long time, the two were treated as essentially unrelated, as attention centered primarily on the cognitive deficit in academic, developmental psychology and on emotional problems in clinical psychiatry and social work. Goldfarb (1945) was among the first to comment that the two conditions tend to go together, perhaps because emotional conflicts hamper learning. In the present context, we should expect the infant to be doubly endangered. For, the parents unable to provide for Basic Trust usually are also inept in areas needed for cognitive development. Another paper, published rather early on in the movement toward compensatory care for poor children, also warrants mention here. In it, J. McV. Hunt (1964) remarked that, in his opinion, such evidence as we had made it seem likely that failure to nourish normal intellectual growth would be even more irreversible than comparable failures in the emotional sphere. However, contrary to Hunt, Ainsworth (1962) feels the personality disorder may be less reversible than the cognitive deficit.

Anti-Social Personalities

From theory as direct as the frustration-aggression hypothesis, it is easy to understand why neglected children would turn out to be hostile, angry and dangerous people. But, from the theories of Bowlby, and Polansky, et al.'s

formulation of the "deprivation-detachment hypothesis" (1972), it is equally easy to predict their becoming withdrawn, passive, and apathetic. As the latter group remarked, descriptions of the parents of withdrawn children rather closely resemble those of the aggressive child. There is hardly any literature on the problem of differential etiologies (Polansky, et al., 1972). Because we know so little about each condition, we have not yet dared ask the more refined question: how do the etiologies differ from each other?

Many neglected little children who appear wan, clinging and pathetic at ages five to seven later turn out criminal, and sometimes murderous. Fontana (1973) describes the early lives of a number of famous killers of our times, showing the extent to which such persons as Sirhan Sirhan, James Earl Ray, Lee Harvey Oswald, Arthur Bremer, and others were maltreated children in their youths. A theory has been that abused children identify with the aggressor, and so are more prone to violence. But, a substantial proportion of those neglected, rather than abused, are also violent.

In long-term contacts one can observe the swing from withdrawal and oddness toward antisocial behavior. The group at the Bowen Center Project, for example, saw this in families they were treating. As each boy became twelve thirteen or so, he got into aggressive difficulties wit

the law, although his younger siblings were still mainly pitiable. The aggressiveness may reflect inadequate object-ties and therefore absence of the identifications that lead to internalizations of controls. The freedom to commit assaults can also be related to a schizoid stance, in which other humans are treated as things rather than as objects of love whose pain would trouble one (Polansky, 1973a). But the fact remains that while some neglected children survive with a semblance of intactness, and others become simple schizophrenics, another group emerge as anti-social, dangerous people. Since the latter are growing relative to the size of the population, it behooves us to learn more about the problem of differential diagnosis and treatment.

Beck (1971) observed that more than 300,000 children are in foster care in this country at any one time, and of these 100,000 have no hope of ever returning to their own families. Eisenberg (1962) reported on a number of years' experience in assessing children in foster care referred for psychiatric evaluation. He found the neglected child in foster care had far more psychiatric problems than the average child placed for less ominous reasons. He noted their inarticulateness, poor orientation to time, place or persons, apathy, suspiciousness and (a classically primitive defense) self-depreciation. Many were so unsocialized as to lack basic toilet training or table manners. No wonder they impose heavy drains on foster parents!

Two studies from Europe offer further evidence about the antisocial sequelae of neglect. Forssman and Thuive (1971), in Sweden collected data on children born to mothers who had asked for abortions, but had them refused. The fates of these unwanted children were revealed on followup 21 years later. The subjects had had more psychiatric attention than normal, and a higher rate of alcoholism; more of the males were refused by the Army. The girls married earlier than average, which is not surprising, and became pregnant at ages earlier than average for the population as a whole. Regarding education, 10.8% were substandard compared with 5.0% of the total population. How about delinquency? The rate for this was twice the average in Sweden. It should be noted these were children unwanted before birth.

Britain's National Child Development Study cohort (Wedge and Prosser, 1973) has also been revealing with respect to antisocial behavior. A quarter of the children rated "disadvantaged" were considered maladjusted by their teachers. One in every eleven of the disadvantaged had a juvenile court contact by age 11 compared with one in 300 ordinary children.

The neglected child, then, is more likely to be physically deficient, emotionally aloof, anxious and chronically depressed, intellectually at a disadvantage and prone to antisocial activities some of which are dramatically

brutal. In view of the many findings suggesting that parents give their children care comparable to that they, themselves, received, these results are the more disturbing. For the study of the sequelae of neglect becomes prelude to understanding its etiology.

PREVENTION

Neglect takes many forms. Typically, it is chronic, pervasive, resistant to specific treatment, and transmitted in intergenerational cycles. Dollar for dollar, the best expenditure of funds would be on prevention (Polansky, 1973b). More important than the cost in money, is the cost in human lives. Too long have we had inadequate programs for children, thinly staffed and poorly funded (Levitan, 1966; H. Wasserman, 1970; Schorr, 1974). When the expectable happens, and they do not work, the blame goes to the social workers making do with what they have, and to the "hopeless character" of the parents (and even children) involved. The foundation for preventative work appears to lie in what Kahn has so aptly termed "child advocacy."

Child Advocacy

Reporting on a national survey, Kahn, Kamerman and McGowan (1972, p. 63) write:

> Examining what is now occurring nationally under the banner of child advocacy, we find a core of organized or organizable activity that is unique and continuous with the advocacy identified elsewhere in social welfare.... This somewhat more focused activity, which might be thought of as child advocacy, is a special function within society. It deals largely but not solely with the social sector per se, and it is defined as intervention on behalf of children in relation to those services and institutions that impinge on their lives.

Intervention of the sort Kahn has been conducting shrewdly and energetically for half a lifetime is obviously

sorely needed for individual children and families, and for the large-scale programs which are our first-line defenses against the deteriorating spiral of child neglect. Why are we not willing to commit resources to these programs? Expenditures under AFDC amount to 0.3% of our national income (Levitan, 1966). A number of countries expend ten times as much on family allowances. The need to maintain a decent family living standard is a primary essential of child welfare. Proposals range from increasing children's coverage under social security, to children's allowances as an assist for poor families, to a minimum income for all (Schorr, 1974). None of these proposals is currently receiving much attention in state or national legislatures. Why not?

The usual explanation offered is that the public would not stand for expenditures. Which public? A recent survey by Carter, et al. (1973) is surprising and heartening. The study covered public attitudes toward social welfare programs, and required interviewing 9,346 persons over 18 in eight states so chosen as to provide a national cross-section. There proved substantial support for welfare programs, including help for the unemployed. Those out of work were regarded, by a primarily working American, as unfortunate rather than blameworthy. The use of public funds to provide social services was well accepted. Child protective services were highly valued. Eighty-one percent

of those interviewed judged such services "a good use of public funds"; only 4% saw them as a waste (Table 10, p. 26). The authors concluded there is, in fact, a popular mandate to offer protective services with tax monies (p. 40). The connection from child protection, after neglect has occurred, to preventing its need is not easy for most of the public to make, but neither are they obtuse.

It is hard to write about such matters with scientific detachment. An Associated Press dispatch of March 10, 1974 reports a nutritionally enriched baby formula being given Memphis infants under a year, in poverty areas, at a cost of 21 cents per day. During the three years of the program, healthier babies were observed, and infant mortality halved from 40 per thousand to 20. Yet the New York Times (January 21, 1974) reported that a lawsuit had had to be instituted to instigate spending funds allotted by the Congress for the Special Supplemental Food Program for women, infants, and children. The sequelae of early malnutrition have been documented above, but assessing starvation does not require elaborate research.

We see that prevention of neglect will require some changes in attitudes and values. There is more public readiness than has yet been permitted to find expression. Therefore, we can use the child advocacy Kahn advocates.

Rights of Children

Idealization of the nuclear family is increasingly in question, with a divorce rate of one to every three marriages (Balswick, 1974). We also assume we are a child-loving society which acts only for the child's best interests. Yet, in most states, society will not take responsibility for a child unless his parents blatantly refuse to do so, or he breaks the law. Parenthood is said to be legally a private venture for personal satisfaction (Rodham, 1973; Schorr, 1974). And our wish to preserve the freedom of the majority of parents conflicts with intervening for the child in straits.

A potentially neglectful situation can be diagnosed, and professional services offered, only to have them refused by the parent in the service of fear, pathological mental processes, or sheer inadequacy (Polansky, 1973a). A recent monograph dealing with the admixture of social, psychological and legal problems which is now receiving wide distribution is that of Goldstein, Freud and Solnit (1973). They cite precedents going back to U.S. vs. Green in 1824, and Chapsky vs. Wood in 1880 in which judges held that the needs of the child ought to take precedence over blood ties, and parental rights.

Rodham (1973) has proposed three avenues of redress, namely that: (1) the legal status of infancy or minority be abolished; (2) procedural rights granted adults also be

granted children; (3) the presumption of identity of interests between parent and child be rejected whenever the child has interests demonstrably independent of his parents'; a competent child should be allowed to assert his own interests. These ideas are not new, and it remains uncertain whether procedural reform in juvenile courts will not prove another instance of legalistic mischief in the name of civil rights. Some of Rodham's suggestions appear unworkable.

Help for Families-at-Risk

The section on Early Warning Signals has summarized a number of the findings, clinical impressions, and speculations thus far available for identifying families in considerable danger of becoming neglectful. To these, we might add factors listed by Haselkorn (1966). High risk mothers include those of low income, unmarried, who have unwanted pregnancies or unwanted children, are teenagers, and are hard to get to come into clinics for prenatal care. In other words, we are already able to make some shrewd estimates of mothers-at-risk and families-at-risk. The question is: what is to be done with this information?

1. Existing programs

Rather than start a rash of new programs, we would urge that existing, established programs be strengthened to move into preventative areas. When all our agencies are taken together--health departments, courts,

AFDC program, public education--most families-at-risk are known to at least one, and often two or more. Would it help if there were more attuning of all personnel to the potential of neglect, and provision of staffs and programs to move in? Here are some examples.

Any addicted woman found pregnant ought to be placed under some sort of surveillance, as is done for persons with communicable disease. Some believe she ought to be aborted. School teachers should resume the custom, usual in the old days, of knowing the parents of their children. Most neglected children of school age are fairly well predictable by the experienced and shrewd personnel that man our schools. What is required to turn their overwhelmed feeling that what they know does not really help to a plan for bringing resources to bear on behalf of the children in need?

By the simple selection of offering to treat families with as many as two delinquent children, Minuchin, et al. (1967) immersed themselves in whole nests of familial pathology. Families of felons are very likely to be living, not only on relief, but at a very marginal level of child caring (Polansky, et al., 1972). Retarded children often have retarded parents, who are exacerbating their problems. In the "medical model" (which we must never, never now use in social work) one speaks of "putting a watch on" a suspicious lump or bodily change.

We need a form of social check-up to rescue families least able to cope at some point before outright neglect has actually occurred. Competent parents do this even for their grown children, and grandchildren, but who does this in families where no one has that extra competence that means he can extend help to the weaker?

There are other reasons for strengthening existing programs. Our expert consultants were in agreement that basic housing, sanitary facilities, and health care available to families help in prevention of neglect. Finally, from our study of etiologies, it will be recalled that emotionally disturbed parents, discharged to their families, may prove so disruptive or inadequate as to cause child neglect. Certainly, the readiness of the patient to resume his or her parental role ought to enter into planning for discharge from mental hospitals and, indeed, all medical facilities. Discharge may have to be delayed for example until the parent has achieved a reasonable level of functioning, since introduction of an ex-patient barely able to survive outside the hospital cannot but add further stress to an already overburdened family system.

2. New Programs

One new program that warrants mention is the system for handling cases reported from Nashville (Bowman, 1973; Burt and Balyeat, 1974). The combination of emergency services with the application of modern management techniques to ensure coordination of services and

tracking them to prompt disposition helps protect the child against what has been termed agency neglect.

As a new program, we might also cite the project conducted by Pavenstedt (1973) and her colleagues.

> This paraprofessional training program, funded by NIMH and based in a Boston federal public housing project Health Center was designed to prepare persons with backgrounds similar to those in the community as Family Intervention agents who would identify vulnerable young children and assist their families in high risk environments, particularly in areas related to child care and development. (p. 120

An extensive training program was offered, and trainees were placed with two or three families with the goal of improving their general functioning and, specifically, their child care. Using the MMPI, Polansky, et al.'s Maternal Characteristics Scale, and Cohler's Maternal Attitude Scale, trainees were measured for change during the period of training. While there was better ability to relate to others, better impulse control and increased independence, an expected step-up in Verbal Accessibility did not occur among the trainees. The program showed promise, but changes in national priorities created a serious problem for placing its graduates. A career line for persons with their background is infrequent. While most were able to find employment, few are now at work in the job for which they were specifically trained. The idea of paraprofessional Family Intervention agents will undoubtedly be revived.

Birth Control

It is generally accepted that a child should be wanted, and welcomed when he is born. We have ample data associating poverty with neglect, and 60% of all poor children are from families of four or more (Schorr, 1974). The multi-problem family, the poor family, the large family, the neglectful family are all associated (Young, 1964; Boehm, 1967; Miller, 1966). There are individual differences (Giovannoni and Billingsley, 1970; Geismar, 1973; Polansky, Borgman, DeSaix, 1972), but often too many children, too little money, and neglect are all found together.

Family planning includes birth-sequence planning. Women who bear children too young, below age 18, have a higher infant and mother mortality rate (Haselkorn, 1966; children of mothers over 35 are more prone to birth defects, the risk rising rapidly with increasing age. An infant displaced from being the center of attention by a rapid sequence of two or three more suffers a type of deprivation which can be noted even in families with plenty of household help. There are agricultural bulletins about breeding cattle, and collective wisdom on breeding dogs, but hardly anyone shows courage in educating the public regarding family size. We need vigorous public education about factors to be considered in planning families.

Programmatically, free and accessible contraceptive information (and supplies) is the least expensive and most

effective method of preventing child neglect. It is thought that the poor have more children than the affluent because the poor do not have as much information, or resources, to plan their families effectively according to their own desires (Levitan, 1966; Podell, 1970). And the highest proportion of couples who never employ birth control or who have children beyond the number they intend, is found among non-whites who live in the rural South, or who have rural southern backgrounds (National Academy of Sciences, 1966). Consequently Johnson's (1972) findings on rural non-white Southerner's attitudes toward birth control and illegitimacy seem pertinent. She found that the adolescent female's sexual expectations were based on those of her mother; and that a mother's sexual expectations of her daughter were based on her own sexual activity. Unmarried women did not know the attitude of their sexual partners toward contraception and, most importantly, low-income non-whites approved of premarital sex but disapproved of illegitimacy. These findings allow us to conclude that illegitimacy rates may decrease as effective contraceptive measures become available. An area to be studied in trying to reduce illegitimacy among low-income, non-whites is the attitude of the male sex partner.

The potential role of easily accessible abortion in preventing child neglect has not yet been assessed, nor even approached. Yet, there are suggestions in the literature

that: (a) many women from the populations at risk do not use contraception; and (b) unwanted children are more at risk of being neglected. Under these conditions, abortion would offer a second line of defense in preventing neglect. Abortion is very rarely of catastrophic consequence, medically, and it is laden with long-run social impact in terms of population, poverty, and child neglect (Reiterman, 1971). It is, of course, still controversial, although recent studies show the majority of the population in favor of its being available to those who want it.

Subsidized sterilization is another preventative to child neglect. One of the most helpful things observed in families giving their children inadequate care is sterilization, usually of the mother (Polansky, et al., 1971). The cessation of additional children can give an overwhelmed woman a chance to meet the needs of the children she already has. Sterilization also gives her child-caring a visible, definite ending point which seems to help morale, in some families. Whether sterilization is an aid to children already in the family warrants further research, since the proposition is rather widely believed by those in the field.

An area of controversy has to do with efforts to encourage birth control among poorer elements of our society. Since black families average lower incomes, and poor black families have somewhat higher birth rates, they become

especially of interest to such programs. Examination of the facts involved appears to be delicate because of sensitivities natural to a group already experiencing discrimination. Some black writers have equated birth control with genocide. Yet, a few investigators have persisted in the search for information, and it does not appear that birth control is so regarded by most of those surveyed. Ninety-three per cent of the black subjects interviewed by Darity and Turner (1974) felt that birth control should be taught at the junior high school level.

There is reason to believe illegitimacy increases the chances one will become neglected; moreover, the dangers to children born to very young mothers have already been cited. A large proportion of all illegitimate children are progeny of teenage mothers--41% by women 19 years or younger (National Academy of Science, 1966). There is an obvious need for creative ideas for meeting the needs of these target groups, and testing their effectiveness. In all of this, research on child neglect shares interests with general programs for work on population control.

Day Care

Another approach to preventive help is provision of services which relieve young mothers before the strain they are under becomes intolerable. Such services can include home-maker services, neighborhood community centers, and day care. Comprehensive group care of high quality

may enhance development of the young child at crucial phases (Robinson and Robinson, 1971). Caldwell urges high quality day care for primary prevention (1970). Yet, as others have noted, quality care is neither cheap nor easy to provide (Pavenstedt, 1971; Emlen, 1974). We shall return to that theme below. Meanwhile, it is to be noted that a day care center can help to shore up a deteriorating home situation.

The preventive functions of home-maker services seem obvious, of course. Many agencies believe in them, but the shortage of funds for such services is such that they tend to be limited to those already in difficulties rather than threatening to become so. Research, or at least the ordering of practice wisdom, would be helpful in defining the conditions under which home-makers can make substantial preventive contributions. Experience suggests that no form of help is a panacea; hence, this service must also have its limitations.

Reviewing the scanty literature relevant to the prevention of child neglect, one is reminded of the caveat with which this report began. One has to strain to find new programs conceivably related to preventing neglect, as such. Perhaps this is natural to a social problem about which so little is firmly known, but the unsatisfactory state of the art deserves underscoring. Could it be that the most important preventive program we have nationally is the maligned and troubled Aid to Families of Dependent Children?

TREATMENT

General Comments

By the term treatment, we refer to actions taken with the intention of bringing about a change in the child's care so that its level is no longer regarded as neglectful. Treatment aims to disrupt a process which is pathological or to disturb an unfortunate equilibrium, in order to bring about a new, higher level of operation. The traditional treatment of neglect has involved trying to motivate parents to improve their child-care, or protective removal of the children, or both (Costain, 1972; Kadushin, 1974). The aim will be to sketch the current state of practice in this country and some emerging trends. Let us preface the description with some general comments.

Discussing measurement of the efficacy of social services, Weber and Polansky (1975) have written:

> Evaluating social service intervention involves much more than just trying to find out what happened to the recipient of a particular service. Ideally, it involves delineating what exactly was done; with whom; under what circumstances; by whom; at what point in time; with what results; from whose perspective; and whether the results were worth the price paid (ms. pg. 319).

There are no studies of the treatment of neglect approaching these demanding criteria. The model of evaluative research is presented to emphasize that there are, in general, no treatment modalities which apply uniformly to all clients in all situations. Consideration of the treatment

of neglect creates an odd situation. Because neglectful parents vary so, all generalizations must be made with reservations. But, because a high proportion have much in common (e.g., stressful environmental conditions combined with marked personal immaturity), it may be possible to advance at least some guidelines about how they ought to be approached. In the long run, a treatment typology will be needed, matching intervention to diagnosis (Kahn, 1963). We now only have the beginnings of differential diagnoses with implications for action.

Those who see neglect as typically a reaction to situational stress--like the deserted wife with young children and a job who is collapsing under the load--will conclude that changing a family's life conditions will be effective in relieving the problem. Those who view neglect as usually a reflection of pervasive character problems with a lifelong history favor long term psychological treatment. The first viewpoint seems to promise quick and kindly cures; the second, expensive procedures that will, however, lead to very substantial results.

Our own viewpoint is psychosocial, which Hollis (1972) sees as an open theoretical system. If a person has a hard life from infancy onward, his personality is scarred in ways not easily rectified. The scars limit his ability to cushion further blows, and inevitably weaken him. Consequently, when he is confronted with stress he is less able

to adapt. It follows from this logic that if a person becomes a "neglectful parent" out of this combination, the first step is to see if he can be helped by giving him practical assistance. If he cannot use that help, or if it is insufficient, then a further move is to try to repair, or compensate for, some of the internal damage he has experienced. Meanwhile, provision must be made to protect the children. The programs we will sketch elaborate these possibilities.

Another caution requires insertion. To promote their synthesis, the research studies above have been treated uncritically. Now a series of treatment modalities will be similarly presented. There are hardly any programs, no matter how new and exciting, which do not show deficiencies to those who know them best. And, in only a few places in the United States do protective services even approximate the notion of good practice held by the most sophisticated. Therefore, it is only prudent to presume there are no panaceas, anywhere, in the first place, and in the second, the fact that an advanced or excellent form of practice exists does not mean it is generally available.

This is a field in which responsible professionals willingly describe the difficulties they have encountered as well as their successes. The majority of seriously and chronically neglectful families are doubtful treatment prospects. There appear to be no quick, cheap solution.

Many are necessarily long-term cases, and not very rewarding. Six months is now thought of as a substantial course of treatment in many mental health clinics; our consultants advised us that this is about the duration of a trial of treatment in protective work. That is, if the family shows no improvement in that time, then the prognosis for eventual positive change is poor.

Social Casework

In this country, in addition to the authority of the court, the most widespread ingredient in programs to help neglected children is casework. There is generally accepted to be a need for one person who contacts and individualizes each case. If we did not have such persons, we would probably have to invent casework.

Among those practicing this skill in protective work, the theory of treatment most widely utilized appears to be the diagnostic point of view, which has latterly been further refined into the psychosocial (Hollis, 1970) and ego psychological approaches (S. Wasserman, 1974). Rooted initially in psychoanalytic psychology, the diagnostic point of view means as it sounds: that treatment should be designed to fit the client's makeup, his present state, and his circumstances.

A recent paper by S. Wasserman is particularly of interest because, although it is primarily dedicated to explicating a delimited theory of casework treatment--the

ego psychological--its major illustration involves the treatment of a woman who might be considered a neglectful mother. Wasserman recognized that without a characterology, structural concepts of some sort, it is not possible to make the differential diagnoses which guide practice.

> Presently there appears to be a rejection within the social work profession of the labeling of clients in terms of a clinical diagnosis as "neurotic" or "character-disorder." Unless the worker is clear in his assessment of the client's total situation (external and internal)--his ego strengths, intact areas, gaps and weaknesses--his model for intervention will be affected by cloudiness, groping and undifferentiated kinds of action (or inaction). (p. 57)

With increasing use of time limits, and the working through of ending phases of treatment, this school of casework is increasingly at one with the functional approach. Similarly, the diagnostic approach is by no means antagonistic to techniques associated with behavior modification, when indicated; it tries to include them in a range of options that also embraces support, clarification, and the like. Among those actually doing casework treatment in neglect situations, at this time, the major division appears to be between those operating from a theoretical base and those professing eclecticism, or doing their best with no clear theory of treatment, at all.

What are the critical functions of the caseworker in relation to neglect? Here is an attempt to summarize briefly some areas of substantial agreement.

1. Identification and fact-finding. It may be the responsibility of the director of social services in each county to receive and investigate complaints of abuse and neglect, but his staff of caseworkers typically conduct the studies. In nearly all agencies, it is policy that although every complaint warrants attention and, usually, investigation, judgment is suspended regarding whether it was justified until the facts are in. Hence, the purpose of the first phase of work is to locate the family, and try to obtain their cooperation sufficiently to determine whether neglect is occurring.

Since the family is not self-referred in most instances, the investigatory phase requires tenacity, interpersonal skill, ingenuity and sometimes both moral and physical courage. There is recognized to be a need for practical guides to the inexperienced worker on making initial contacts; there is a surprising paucity of pointed literature available. One rather new trend has emerged stemming perhaps from news of civil rights cases. Families approached sometimes now say, "Talk to my lawyer." Nor is this response confined to wealthy alcoholics!

An interesting issue is the relationship between social mobility and sources of referral. To a degree not generally known, relatives have always been major originators of neglect complaints; grandparents intercede to enlist protection for their grandchildren. Mr. Leefman, of the

Massachusetts Society for the Prevention of Cruelty to Children, reported that relatives are still a major referral source there. In Georgia, generally, Mr. White noted that when there is an extended family living in the vicinity, they are the most apt to notify authorities. Otherwise, neighbors refer. On the other hand, Dr. Young observed that in Newark, which has had an 80% population turnover in the past twenty years, the majority of neglect complaints come out of the school system. In any event, neglectful families are nearly always third-party referrals and initially unmotivated to take help.

2. Decision-making. What is to be done once the facts emerge? Decisions about disposition are shared among the caseworker, his or her superiors administratively, and local courts of jurisdiction, in a variety of patterns. There are a number of alternatives open in trying best to help the children. One can decide there is no immediate cause for concern and withdraw. Or, while the case is not yet neglectful legally, it may border on it so that one may reach out to the family to offer services calculated to operate preventatively. Under extreme urgency, one may remove the children summarily--how and where will be discussed below. Even if the child is removed, one may work with the family in trying to strengthen them and their situation so that the family may be reunited without danger to the children (Sullivan, et al., 1974). In short, whatever the decision, and it may change as experience with

the family accumulates, the act of selecting among alternative courses is an important casework function, determining the long-term fate of the family.

Children may not be removed from their parents without the latter's consent sans a court order. Hence, the significant decision in all extreme instances rests with the court. There are many places in the country in which judges and social workers collaborate flexibly and shrewdly to combine legal authority and its threat with practical and psychological help to bring about movement in cases. Yet, we encountered no writing on this collaboration, at all. All child welfare references dealing with the courts instruct workers regarding appropriate behavior as witnesses. If there are writings informing judges of their responsibilities in continuing collaborating work to salvage families, they were not brought to our attention. We are not legal scholars, of course, so we wonder if the activity of judges that goes beyond the making of decisions is codified anywhere. Most respected jurists are more continuously involved with families than their formal role-image would imply. The codification of metajudicial practice by the courts in relation to child neglect appears another arena in which immediate scholarly work is needed, combining social work research and legal scholarship.

3. Equilibrium upsetter. Programs like Aid to Families with Dependent Children aim at equilibrium

maintenance. This is not the intent in the home deemed neglectful. One must reverse a downward spiral or upset a pathological equilibrium, if need be. In the family unable to mobilize movement, legal action or the threat of it may function to unfreeze the system.

4. Guide and liaison. Generally, the caseworker is the link that puts the family system in touch with resources, such as financial aid, improved housing, medical care, homemaker service, and the like. In her dealings with the community and its agencies, she is a case by case child advocate. Without one person definitely responsible for this connective function, most other services become inoperable.

In view of the early identification of England's Family Service Units with the giving of concrete help, it is instructive to read one of their more recent papers. Describing successful help to a family referred by their physician because of his concern that the children's health was seriously endangered by the family's disorganized way of life, Hallowell (1969) mentions the following principles: the need to gain, and feel, acceptance by an isolated family; the importance of giving any material or financial help within the context of a relationship (otherwise it is felt to be impersonal and encourages passivity); enabling the family to use resources by preparatory work on their anxieties and by accompanying them on

referrals; continued contact long after there are signs of improvement, lest the family regress; and contact that includes husband and wife jointly. A day care center, a clinic, even what we term an "old clothes room" were all availed the family described. But the key element, in Hallowell's opinion, was what we term "working within the relationship."

5. Provision of information and counsel. Some clients need sheer information; others have information, but need help with making a judgment about it. Families may be offered support by practical suggestions when they can use them. The fact that they prove unable to do so may, itself, prove diagnostic. Counselling, of course, includes especially the area of child caring. According to Kogelschatz, et al. (1972) fatherless homes develop their own particular styles, and need be no worse off than others. Yet, the fact that she has no other adult with whom to discuss decisions may make the female head of household the more in need of this kind of practical dialogue.

6. Acting as individual change-agent. What is ordinarily termed "psychological treatment" is actually only one among a number of casework functions. In many neglectful families, psychological treatment never really happens at all. Experience indicates that unless the worker has had substantial experience at interview treatment, he or she will be unlikely to be able to carry out

the more environmentally-oriented functions listed above, since very similar skills and understanding of human behavior and its unconscious springs are required (cf. Hallowell's comment about "working within the relationship"). Efforts aiming at bringing about change within the individual family members primarily through interpersonal influence involves the following roles:

(a) Acting as attachment object to foster security and growth, and to heal depressiveness (Polansky, DeSaix and Sharlin, 1972; S. Wasserman, 1974; Sullivan, Spasser and Penner, 1974). Several of our consultants remarked that treatment takes time in many neglect cases because so often it is necessary to "parent the parents." In view of this, what dangers are introduced by staff turnover? Whether because of their infantilism, or other reasons, experience has shown that many of these families generalize their attachment beyond the worker, who originally involved them, to include the agency she represents. Even its building acquires symbolic meaning as a source of familiarity and support.

(b) Acting as an identification object or model in handling interpersonal contacts. The identification with the worker occurs unconsciously in the course of treatment, but this does not mean the worker is passive.

> The client whose problems stem from a more characterological nature--impulse-ridden, acting out, lack of anxiety, or primitive superego development--will generally

> necessitate considerable activity on the worker's part in terms of the environment, the teaching of impulse-control, the setting of limits, the pointing out of cause-effect relationships (as well as consequences) and partializing experiences which can be tolerated and assimilated (S. Wasserman, pp. 56f).

(c) Encouraging cognitive change, including clarification and insight.

(d) Playing the role of behavior-modifier, that is, the source of reward/punishment for relevant parenting behavior.

7. Family-functioning consultant. Family treatment is a structured modality, in itself. However, the protective services worker usually attempts to improve the level of operation of the family system. Some of his subsidiary aims include:

(a) Opening verbal communication within the family, and trying to help them to sustain it (Minuchin and Montalvo, 1966; Polansky, 1971).

(b) Resolving conflicts, especially between the parents, but often also between the children and their parents.

(c) Acting as supportive "good mother" to the whole family (regardless of sex of the worker!) until such time as the parents can take over their appropriate social roles.

One reason for long-term contact in the treatment of neglect is to ensure that gains made by a family are consolidated and likely to be sustained. Several authors warn specifically of the tendency in such families for repetitive

regressions to less satisfactory child care after seeming advances have been made. Premature cessation of contact may be experienced by the family as abandonment; in any event, new patterns cannot be expected to remain firmly in place until they have had time to become habitual. Therefore, any marked advance evidently must be conservatively regarded as hopeful but probably momentary. All experts agree that treatment and support should continue for months after the family has on the surface ceased to be neglectful. Administrators imbued with management by objective are urged to take heed.

It is thought desirable that all protective service workers have or acquire aptitude in all the functions listed. The reason is that it is nearly impossible to be certain which will not be needed in a given family and the logical person to provide the various forms of help is the one whom the family already trusts and to whom they are already attached. Out of their own difficult earlier lives, a high proportion of neglectful parents are suspicious of new relationships. A family that begins by accepting only concrete assistance may gradually become accessible to psychological forms of treatment to ensure greater resiliency against future crises. This is a pattern frequently found, for example, in the Juvenile Protective Association of Chicago. Who, then, is to offer the psychological helping? If the idea is somewhat threatening, the

movement into a new phase should be unobtrusive, and require no sharp break. Therefore, it is desirable if the same caseworker can carry the case forward.

Casework in protective services is generally agreed to be one of the most difficult jobs in social work. Difficult at best, it becomes impossible if the administration under which it occurs does not sympathetically support it. Even with less disturbed caseloads, there are staff problems in many public agencies. H. Wasserman (1970) reported vividly some of the reasons for high turnover among beginning child welfare and AFDC workers. A factor was that grants were often far below the acknowledged minimum necessary for health and decency. Kadushin (1974) reported a study showing 27% of workers in child welfare agencies quit annually. In view of the skills to be acquired and the preference that clients have continuity of attachment, high turnover threatens effectiveness of casework programs.

At present, there is the beginning of a controversy regarding how protective service casework would best be administered. The predominent pattern, now, is toward specialization. There are private agencies with only this function; in large public agencies, it becomes the full-time assignment of the protective services department. Even in smaller multipurpose agencies, those workers who show aptitude for protective work are likely to have disproportionately more such families. As an experienced

supervisor, the senior author has questioned this pattern. First, the unrewarding character of many such cases may well "spoil" potentially good workers for the field if they do not have some who prove more verbally accessible and move more readily. Second, concentration on one group of clients may distort the worker's perspective. Given an extremely limited client group, for example, the unwary newcomer to the field may become insensitive to recognizing mild mental retardation. It appears that the separation of services from eligibility determination in AFDC, for example, may also operate to increase the disproportionate specialization. Administrative and other arguments exist on both sides of the question. Therefore, there is another issue on which research is indicated.

A substantial proportion of all those in protective casework remain dedicated and energetic. Their concern for the children remains unabated even after years in the field, and their firm compassion extends also to the parents.

Placement

The next service traditionally available is placement of the children for their protection, and to offer them a substitute for their inadequate familial home. As a general rule, placement is regarded as necessary under some circumstances, but not a preferred move.

The field's attitude that efforts ought be made to avoid placement is based on a number of factors. First, placement is inevitably disruption in the child's life which may leave ill effects on his personality later. Second, during long-term care in foster homes it is often necessary for the child to be placed and replaced, perhaps several times. So, he undergoes repetitious disruption of significant relationships (Sherman, Neuman and Shyne, 1973). Third, desirable foster homes are at a premium, and have been since World War II. Some of the homes immediately available would substitute neglect under agency auspices for neglect under the parents'. Therefore, any arrangement, financial or administrative, that multiplies the number of potential foster homes that can be screened for use strengthens the program. The permission to use AFDC funds to support children in foster care, an advance of the past few years, has been a saving feature in poor rural counties with zero budgets for foster care.

Institutions for "dependent and neglected" children still vary widely in quality, in the opinion of those in position to know. Places which depersonalize and actually exploit children continue to exist some under religious auspices. Furthermore, if a child has been neglected prior to placement he is likely to have (deficits see above) demanding he be offered care with substantial "treatment" elements. Not all children's institutions, nor foster

care programs, have adapted themselves to the fact that the "dependent and neglected" children currently being placed are no longer average-expectable children.

Placement is made in the effort to shock the parents and, for example, motivate them to seek help with their alcoholism or other serious problems. Often, it has this result, but it can lead to the disintegration of the family (see below). And it is worth mentioning here the finding of Fanshel and Shinn (1973) that the attempt to care for a child with surrogate parents is extremely expensive. For all these reasons, advanced opinion in the field appears to be that placement must often be used but, as noted, it must be employed with caution. Here is a brief summarization of generally agreed thinking.

1. It is desirable if removal of the children occurs as part of a plan which the parents accept, and in which they may even have participated. As caseworker's skills steadily improve, more and more cases are reported in which parents not only acquiesced but have asked for placements. Jenkins and Norman (1972) surveyed the reactions of parents to having their children removed. The most frequent response was sadness; but the next most frequent was relief. After some time, a number of parents experience feelings of distance toward their children, and detachment that <u>can</u> lead to psychological abandonment of the children. A similar feeling was picked up in parent

interviews by Allerhand (1966) in a follow-up study of children returned from Bellefaire, a treatment institution in Cleveland. Since placement also entails a major disruption for the children, it is also thought necessary to work it through with them, as it happens and in the months following.

2. For most children, under most circumstances, the form of placement preferred is care in a foster family. However, one reason for use of institutions has traditionally been linked to family size. If there are four or five children to be placed, and it is desired to keep them together, then they usually are beyond the capacity of any single foster home. A number of variations on these patterns have been emerging, including group foster homes, and emergency foster homes which are available on a standby basis through use of a retainer. In families with impulse-ridden parents, where there may be recurrent, brief abandonments, an emergency foster home has the advantage of obviating use of a strange situation for the child at each repeated placement.

3. It is also understood that many children from neglect situations require facilities beyond the ability of loving foster parents to supply (Eisenberg, 1962). Therefore, there continues to be a definite role for the institution.

4. As a general principle, there is respect for the

need of each child to maintain primary attachments. Hence, the experimentation with various alternatives to foster care, including those described in Nashville, the Bowen Center in Chicago, and the like (see below).

5. In order to maximize the possibilities of returning children to their own families, coordination is needed among the protective services worker in touch with the parents, personnel dealing with the child (and sometimes with the parents) in the placement agency or institution, and the court's personnel responsible for overseeing the case. It cannot be said that intimate collaboration is the rule in this country, at this time. A great many children from rural counties who have been institutionalized elsewhere in their states are effectively out of touch with the original agency, and with their parents; the case is "open" in name only. Breakdown of communication between agencies, and even parts of the same large agency, occurs in large cities as well. A study of the fates of a cohort of children in placement in New York which is being completed by Fanshel and his colleagues at Columbia should cast light on processes of interest, here. There is some need for the codification of practice in child welfare with respect to sustaining the conjoint work described above.

Group Techniques

The use of group work and related techniques to help marginal and neglectful families covers a wide range of

possibilities. As with casework, the group format must be suited to the needs of the client. The following is a rough division among modalities that have come to attention.

1. Socialization and resocialization groups. A few agencies have set up group programs for neglectful parents (e.g., the Massachusetts Society for the Prevention of Cruelty to Children; the Juvenile Protective Association in Chicago). To those with analytically oriented group psychotherapy in mind, these are not really therapy groups. They can, however, be seen as aimed at enduring change within their clientele, and at doing something of a "repair job." The format of early meetings, especially, follows the model of activity group therapy rather than the analytic image. There may be crafts or other parallel-play activities, drinking of coffee and occasionally chatting. The pattern seems to resemble that used by Canter, Yeakel and Polansky (1967) in work with parents of severely disturbed children.

For the withdrawn and socially isolated mother, for example, the opportunity to meet and chat with others outside her home may provide pleasure, a boost in morale, a buffer against pervasive loneliness. Nevertheless, many neglectful parents have felt community rejection--and they have, themselves, withdrawn from others. So, they do not welcome group exposure. Only after some months of casework and the reassurance of being accompanied by a caseworker, may such a mother or father come to a meeting. It takes

weeks, months and months, in some instances, for frightened and essentially nonverbal clients to feel at home in the group and begin to talk about their own problems. Meanwhile, attendance does combat isolation.

Reports have been received of attempts by workers in rural counties also to introduce group experiences with the same ends in view. Mothers seem far more likely to come than fathers. Most of the members must be picked up and brought to the meeting; problems of transportation may become insurmountable if only a handful will attend from an area of many square miles. Hence, group treatment can become a costly process, justifiable only if there are demonstrable gains among those treated.

2. Parents' groups. Similar in aim, but organized around a more visible collecting point are groups of parents whose children are all, let us say, in the same day care center program (e.g., the Bowen Center Project of the Juvenile Protective Association in Chicago). They may also be introduced simply as means of recreation, as they are elsewhere in the same Chicago agency. In addition to their possible usefulness in support of direct work with children, such groups can serve many of the psychological functions of the resocialization group.

3. Social action groups. In the settlement tradition, so much older than professional social work, community action intended to help people become advocates for themselves. Similar logic has been applied by Wordle (1970) to

an attempt to treat low standards of child care, among other social problems, in a poor neighborhood in England. The hope is that in the process of working jointly on their very real community needs, the participants may combat regressive and defeated trends within themselves, sublimate anger, and reduce their isolation from others.

Unfortunately, social action groups are likely to recruit persons who are not shy, and otherwise fairly intact. Neglectful parents who are depressed, or withdrawn, or intellectually limited make unlikely candidates; they fall beneath the grip of community action programs.

Group technique, therefore, is thought to have promise, although the literature on its actual use with neglectful parents is sparse, indeed. Parents Anonymous, for example, a self-help organization of abusive parents told us that they had found neglectful parents too unmotivated to join. The present thinking is that casework and group technique must be combined and mutually supportive. Anyone sophisticated in group work will recognize its limitations as well as its promise for work with neglectful families.

Parent-Child Community Programs

The average neglectful family requires multiple services. Money, medical attention, housing, psychological services, are all needed. Usually, these services are fragmented in the sense that they are separately

administered, separately financed, and so forth. A major task of the caseworker assigned as liaison is to enlist the aid of other agencies, and to steer a family--typically already chaotic--through a maze of channels to the help available. Referrals are easily made, but they frequently come to nothing, without follow through.

Therefore, there has been consideration of bringing all the necessary components under one roof, using each as it is required for the given case, without the lost time of inter-agency negotiations. This gives the client a place he knows and to which he is known. In addition to conserving effort, there are great advantages for the client who can attach to "a center" as well as to a person. For example, if one worker leaves, he is more easily replaced psychologically for the client from among other familiar staff persons.

The outstanding example of this design was the Bowen Center, under the auspices of the Juvenile Protective Association of Chicago. Financed originally with a grant from HEW the Bowen Center combined casework, day care center, a remedial school, parents' groups, emergency foster care and sheltering all in one building. Among the other remarkable achievements of this staff, one is of great significance to fellow professionals. Because of their multiple services, they were able to sustain continuity with some clients for unusual lengths of time, and

reach deeper levels of communication. An outcome, therefore, has been to provide us with case material demonstrating in great detail the psychological dynamics behind what, on the surface, strikes one as simply "another inadequate family."

One thinks especially of the tale of a woman, deprived in her own home, desperately attached at first to her husband from Eastern Kentucky, whose love for him turned to detachment when "he ran around on me." This group moved to Chicago, where the husband proceeded to convert his hysterical tendencies from sexual acting out to phobic withdrawal, and become unable to leave the house. Into this situation of bitterness and despair the Bowen Center moved, offering concrete help, day care for the neglected children (there were eight in all!), remedial education for the elder children who were becoming delinquent, group experiences and individual casework to each parent. At various stages, children had to be removed, but the relationship survived these actions.

Space does not permit fuller explication, but it appears that the community-based, multiple service agency founded in the psychosocial approach represents the major new treatment design for child neglect. Conceivably here is the "wave of the future." Clearly, financing continuation and replication of the Bowen Center scheme deserves the highest priority.

Mental Health Centers

With the spread of community mental health centers, they seem to be assuming some of the functions formerly assigned to family agencies. Moreover, since many neglectful parents, as noted, have psychiatric disabilities, the mental health center would seem the appropriate place to which to send them. Unfortunately, the experience to date has generally not been promising.

Few center staffs are geared to take on families as dilapidated and chaotic as these. Unlikely to keep their appointments, they are apt to be written off as "too overwhelmed by environmental problems" or "unmotivated." Oddly, it may require a very highly competent psychiatrist to proffer help to persons as nonverbal but severely anxious as are some of these. Less well trained personnel give obtuse lack-of-help, losing sight of all dynamic elements in the face of the obvious characterological disorders. The diagnosis of "inadequate personality" is not revealing.

In some ways, the mental health center is structurally inept to this purpose. It offers few if any concrete services, and there is legitimate question whether time spent by it in marshaling services elsewhere for these clients is the best use of its staff time.

Which is not to say that none have worked creatively in this field. Enzer and Stackhouse (1966) described a

program in which they set limited goals and developed specific treatment techniques for work with multi-problem families in a child guidance clinic. Minuchin and Montalvo (1966) and Minuchin, et al., (1967) have presented some classic discussions of ways of proffering family therapy to families in the general categories interesting us. The problem they confronted was to find ways of penetrating the startling disorganization and severely limited verbal codes of these families.

From experience, the mental health center seems better designed as a resource than the chief locus for service to neglected families.

Day Care

Some of the current thrust to subsidize day care centers has to do with their releasing low-income mothers to work. They are also helpful to other women who, although less driven by economic need, nevertheless prefer to work outside the home. A recent extensive review of the literature is that of Etaugh (1974). The following are some of her most relevant conclusions:

> (a) Young children can form as strong an attachment to a working parent as to a non-working one, provided that the parent interacts frequently with the child during the times they are together; (b) Stable, stimulating substitute care arrangements are important for the normal personality and cognitive development of preschool children whose mothers work. (p. 74)
>
> Mothers who are satisfied with their roles--whether working or not--have the best-adjusted

> children....Mothers in professional occupations tend to have highly achieving children. (p. 90)

A form of protection to be offered the neglected child is supplemental mothering: one way to do this is through the congeries of services called day care. This ranges, in actual practice, from the homebody who "baby-sits" a few children in her home for other mothers who are at work to the large commercial day care center franchised by a corporation. In countries like Sweden mothers' helpers and day care are state subsidized amenities made available on a sliding scale. However, in our country their use is more affected by financial considerations. The service is available to the well-to-do, of course; and some centers are being subsidized as part of the work incentives (WIN) program to get families off the AFDC rolls.

In coping with neglect, placing a young child into day care guarantees good supervision for much of the day, plus supplemental feeding, bathing, health care, emotional nurturance, cognitive stimulation, health care. Appropriately used, it can be a viable alternative to placement - countering neglect with a maternal prosthesis.

Mothers and occasionally fathers may also be reached through the day care program. Parents' activities sponsored by the center may provide them emotional support and combat isolation. Working alongside staff, women and men acquire leads as to how their children may be handled more successfully. The Bowen Center revolved around its

day care service. There, as in a similar operation in Boston for abused children (Galdston, 1971), center staff have had to reach out aggressively. Very disorganized families have to be wakened in the morning and their young children washed and dressed by the center personnel who fan out to bring them in for the day's program.

Despite their high promise for making it possible to meet significant needs of very young children without removing them from their homes there are also disturbing reports about a few day care centers which must be noted. Parents in low income neighborhoods who use day care so both can hold jobs are vulnerable to exploitation by those whose interest is nearly entirely financial. Two-year olds have been found sitting in lined-up chairs, like comatose mental hospital patients in a back ward, under orders to remain silent and "not to be a nuisance." Overcrowding has been observed with the simple aim of adding to income. Thus, day care like other well-intentioned social inventions is susceptible to the corruptibility to which man is heir. We have been advised by those expert in this field that strict standards for licensing and constant supervision are necessary and are readily acceptable to ethical operators of day care facilities. Would it not be outrageous if we found that we were tolerating a version of child neglect and subsidizing it with tax monies?

Engineered Communities

The work of Sheridan (1956) in England was mentioned earlier in relation to the problem of the impact of mental retardation in the mother on her child caring. Sheridan offered the women served, not all of whom were retarded by any means, a four-month series of courses and training in child care. The mothers continued to reside at home. We have had a few ambitious attempts in our own country in which the additional influence of a full-time residential arrangement has also been exploited. The Department of Public Welfare of the District of Columbia (1965), for example, experimented with an apartment house adapted to the purpose during the early 1960's. Women on welfare whose child care seemed substandard were recruited to move into the building, bringing their children with them. In addition to financial help they were offered guidance with housekeeping, health care, child caring--even with personal grooming. The aims were to improve their effectiveness while hoping also for the concurrent rises in self-esteem and morale which so often accompany a sense of accomplishment. The success of the program has not been evaluated but it appeared promising. We have also heard that a settlement headed by Bertram Beck on New York's Lower East Side has a unique program for families whose standards are such that they have been ejected from public housing. Further details were not available to us at the preparation of this report.

Others, including our own group (Polansky, Borgman and DeSaix, 1972) have been pushed by the immutability of multi-problem families to think about residential programs that are frankly treatment oriented. Fontana (1973) set up such a program to try to interrupt the intergenerational neglect cycle. Attached to a hospital, his program was psychiatric in orientation. As in the District of Columbia experiment mothers admitted brought their children with them.

There are several reasons advanced for bringing in whole family units. First, it obviates placement of the children while the mother is being "treated." Second, it keeps problems of child caring, and feelings about one's children, very much in vivid focus for the parents being seen. Third, if mother and child are locked in a self-defeating interaction, it is advisable to try to treat them together.

Fontana's program was designed to admit residents for three-month cycles. This is regarded by many as a very minimal time in which to have any effect at all on a deep-seated character neurosis. In line with this, Fontana reports that the resistances encountered among many of these infantile women were very great and often discouraging to staff. Even in the huge catchment area of New York City there has also been difficulty recruiting cases for admission. It is very unlikely there are few appropriate

cases in the City, or that Fontana's program has been unpublicized to possible referral sources since he is located in so highly visible a position. Therefore, one wonders whether admission standards were unrealistically restrictive, or neglectful mothers sufficiently motivated to admit themselves are extremely rare, or whether the treatment has been unattractively presented to them. The experiment seems important enough, in principle, and its initiator sufficiently dedicated that an outside evaluation may be called for to see what general leads might be gleaned from its failures and successes, and to prepare for replications elsewhere. To many with long experience in the treatment of character problems, inpatient treatment remains a modality that is often not only the treatment of choice but the only treatment with any chance of success.

This brings to mind the possible use of state mental hospitals. Here, we are being subjected to a conflict in public policies between desire to protect children and the desire to free patients from the confines of hospitals. We know of one instance in which a paranoid character, a litigious woman who was neglecting her children in the course of conducting feuds with various neighbors, was finally committed after much trouble and no little risk to her concerned caseworker. She was discharged within two weeks by her hospital psychiatrist on the grounds that there was "no mental disorder." Evidently a borderline psychotic of the sort who reconstitute very rapidly in a

controlled environment she was not recognized as such by those in charge of her case. So, she is back in town, destroying her children. State hospitals, in short, are not at this time regarded as places where one will find the skill and intensity needed for treating the character problems underlying neglect. They are a resource to which to commit an obviously psychotic mother.

Not all engineered communities are engineered by professionals. We must take cognizance of the movement in recent years to start communes. Jerome Cohen of the University of California at Los Angeles is conducting a fascinating study of the child-rearing patterns prevalent in non-traditional family settings so the next few years should give us more information than we now have. From occasional cases seen by us, it appears communes serve to buffer loneliness and isolation in their residents; they also help persons with weak egos to adapt since the more intact members perform many ego-supportive functions. How about their values for children? The only report thus far, and that so informal we cannot identify it, is that young children are much fondled in such communities, but may be given sketchy overall care. When walking and general mobility are well-established the child may be rather suddenly ejected toward maturity--just as he is by an immature parent in a traditional family in whose life he loses his defensive function when he becomes an action

center in his own right. So, the picture thus far is mixed. It does seem probable that the commune will be a treatment resource for at least some young parents.

Some Further Questions

This survey has attempted exhaustiveness, but it is of course confined by its authors' orientations. The very significant involvement of the courts, judges and other personnel, has been slighted. There are also issues of administrative organization and larger public policy not yet covered. With help from our consultants, we will append some issues that are at the level of setting policies.

1. Should there be uniform laws from state to state with respect to handling neglect? There seems an obvious need for interstate compacts to protect the children in families whose parents cross state lines. Indeed, in many states a family can now elude attempts to help them to change by simply moving into a new county, thus either going undetected for months in the new residence, or involving themselves with a whole new set of officials who must again investigate, decide, etc. Does the danger of child neglect justify limiting a family's freedom of movement?

2. Is a family hurt by being called "neglectful"? Is convenience in diagnosing and administrative handling worth the risk involved in social labelling?

3. Where should responsibility for dealing with neglect be lodged? As things now stand, it tends to be divided, in most states, between court and social agency. Is that the most desirable plan? Of all the arrangements being used, and they vary markedly, which seem most efficient?

4. Within the juvenile, or family court, how ought neglect be handled? What sorts of cases ought be dealt with administratively; which judicially?

5. And--a surprisingly complicated issue if all the above is taken into consideration--when is a neglect case to be terminated? By whose decision, and based on which criteria?

* *

Our study has attempted to abstract and integrate what is known about child neglect in its own right, and of matters that impinge on it and seem relevant to its understanding and handling. The reader will have to decide for himself how well we have succeeded with these aims. This much seems clear, at least to us. While it is not true that "nothing is known," there is also a surprisingly little that has yet been well-established. Few studies in this field, including those of our own group, have been replicated; very little practice has been subjected to any but the most cursory evaluation. In view of where we stand in "the state of the art," it appears that quite a lot of good

is being done at least to salvage the lives of thousands of youngsters. As always, it seems likely that much more is known by the most competent workers than is generally being used. But, this is not a field of which it can now be truly said, "Action, not more knowledge, is needed." We need both.

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